

THE POST-EXPECTANT PERIOD:
HOW EXPECTATIONS AND EMBODIMENT SHAPE THE POSTPARTUM PERIOD
FOR FIRST-TIME CANADIAN FATHERS

by

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Abstract

In this qualitative study, ten first-time Canadian fathers were interviewed from six cities in two provinces about their perceptions and experiences during the postpartum period. All study participants recently had their first child born to them. The continued bearing of expectations into the period following the birth of their child affirmed the overarching theme of the postpartum period as the post-expectant period. The three categorical themes related expectations about fatherhood to the infant, gendered norms, and healthcare services. The findings highlight the potential impact of healthcare and government policies to support fathers during their transition into fatherhood. It is of the essence that nurses' understanding of paternal experiences throughout the transition to fatherhood be expanded to provide appropriate services and to better meet the needs of fathers and, in turn, their families.

Keywords: postpartum, postnatal, fathers, experiences, perceptions, education, Canadian, qualitative, interpretive description

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CHAPTER ONE: INTRODUCTION AND BACKGROUND

Western¹ fathers are in a period of transition as the traditional role of "father" is being redefined (Chin, Daiches, & Hall, 2011; Chin, Hall, & Daiches, 2011; Fagerskiold, 2008; Genesoni & Tallandini, 2009; Goodman, 2005; McKellar, Pincombe, & Henderson, 2008; Miller, 2011; Premberg, Hellstrom, & Berg, 2008; Thomas, Boner, & Hildingsson, 2011). This transition can be most apparent and demanding during the initial venture into fatherhood, after the birth of their first child (Chin, Daiches, & Hall; Halle et al., 2008; St John, Cameron, & McVeigh, 2005; Thomas et al.). The stories of first-time fathers are colored by gender, cultural, societal, and political narratives (Chin, Daiches, & Hall; Doucet, 2009; Goodman; Halle et al.; McKellar, Pincombe, & Henderson, 2006; Miller; Premberg et al.; St John et al.; Thomas et al.). As social roles and expectations of women have changed, so too have the roles of men. Families that once lived within close proximity to their parents have been "geographically isolated" by the impacts of globalization (Genesoni & Tallandini, p. 315). Policies on paternal leave and perinatal healthcare further influence men's transition into fatherhood (McKellar et al., 2008; St John et al.).

Nurses' understanding of paternal experiences throughout the transition to fatherhood must be expanded to provide appropriate services that better meet the needs of fathers and in turn their families. In my review of academic sources, I have been unable to locate recent literature describing the postpartum period for Canadian fathers. Therefore, this qualitative study endeavored to garner a meaningful understanding of the perceptions and experiences of Canadian, first-time fathers during the postpartum period to better equip nurses and other healthcare professionals to provide worthwhile support during this transition.

¹ Western relates to developed countries located in Australia, Europe and North America.

Background

To gain insight into this issue, one must attain a better understanding of the changes that have impacted the role of fathers and their transition to fatherhood. Western societies have typically viewed men as the fiscal provider, protector, and disciplinarian of the family (Doucet, 2009; Premberg, Hellstrom, & Berg, 2008; Miller, 2011). However, in the late 20th century, the role of father expanded to include notions of nurturing, involvement, and affection (Genesoni & Tallandini, 2009; Premberg et al.). This shift is in large part due to feminist movements, which have led women into the workforce, expanding the traditional role of women as caretaker; as women adjust to roles outside the home, so too men adjust to contemporary expectations inside the home.

As the defined father role has changed from even a generation ago, fathers often lack role models and support networks to draw from. Numerous studies on fathers' experiences during the postpartum period have noted modern dads explicitly stating their desire to be different than their own fathers, particularly to be more involved (Chin, Daiches, & Hall, 2011; Deave & Johnson, 2008; Genesoni & Tallandini, 2009; Goodman, 2005; Miller, 2011; St John, Cameron, & McVeigh, 2005). For decades the literature has recognized that the definition of involved fatherhood varies from behavioral involvement to emotional involvement and ultimately is uniquely defined by the father himself (May, 1982a). Further, forces such as globalization have left families and fathers living farther from their own parents, creating a potential sense of isolation and lack of support (Genesoni & Tallandini). In their literature review, Genesoni and Tallandini noted that the stresses of becoming a father "are exacerbated by a need to create a new caregiving model for themselves - one that differs significantly from the model provided by their own fathers" (p. 313).

Consequently, societal changes have created a novel role for Western fathers to fill without the historical supports from the previous generation. It seems that while the expectations for modern fathers have changed, political and practical milieus have yet to support them (Goodman, 2005; McKellar, Pincombe, & Henderson, 2008; Miller, 2011; Thomas, Boner, & Hildingsson, 2011). It is only recently that the significant role of fathers in the lives of their children and families has been acknowledged, and that research has focused on the experience of fathers (Ball & Daly, 2012; Fagerskiold, 2008; McKellar et al.; Thomas et al.; World Health Organization, 2007). While Nordic policies related to paternity leave have been created to support fathers in the early postpartum period, these have yet to be enacted to the same extent in Canada, exclusive of Quebec (Thomas et al.). The Canadian government has policies related to parental leave, which can be taken by either the mother or the father. However, social norms and stigmas depict the mother as the primary beneficiary of this leave (Ball & Daly; Peck, 2015). Fathers perceived themselves as "taking away" from their partner's maternity leave if they took a portion of the parental leave (Ball & Daly). This demonstrates the importance of paternity leave policies created to support fathers specifically. Moreover, shorter hospital stays provide nurses and other healthcare professionals working with new families less time to prepare them for this great transition (McKellar et al.; Thomas et al.).

Despite a decreased length of stay in hospital, nurses remain in a unique position to support fathers during this time. This minimized time allotted to interact with fathers makes the issue all the more pressing; nurses must come to understand the experiences of Canadian first-time fathers to make their brief time with them as beneficial as possible. St John, Cameron and McVeigh (2005) scripted a compelling argument:

To provide appropriate and relevant care and education during the perinatal period and after the birth, health care providers must understand fathers' perspectives on the experiences, processes, and life changes in the early weeks after birth. The need to explore early fatherhood has become more important as society and midwifery practices have changed, including early discharge, less extended family support, and rationing of many child health support services. (p. 180)

Within this changing environment, nurses must also consider each father's personal "style and level of participation" (May, 1982b, p. 322). Differences exist between fathers in relation to their emotional and behavioral level of involvement (May, 1982b; May 1982a). As such, "fathers may be better served by nurses encouraging them to find appropriate levels of involvement for themselves" (May, 1982b, p. 322). Acknowledging the importance of fathers, and their changing roles and unique circumstances, provides support for this research study, which aimed to gather a meaningful understanding of first-time fathers' experiences and requirements during the postpartum period. The ultimate aim of this insight would be to enable nurses, other healthcare professionals and healthcare service frameworks to deliver the best care possible for fathers, their partners and children.

I, as the primary researcher on this project, have a background that also contributes to this project. For the research question to be addressed assiduously, it must be one that I, as a nurse researcher, have a deep, genuine interest in (Streubert & Rinaldi Carpenter, 2011). My personal interest in this topic began during my second year as an undergraduate nursing student. It was then, during a clinical rotation on a local family birthing unit, that I became intrigued with new fathers. There was an endearing awkwardness to them, accompanied by a clear desire to care for their newborn babe. There were also, of course, less involved fathers. These situations sat

unnervingly in my gut. At times, simple encouragement and direction prompted intrigue and action, but other times fathers remained on the periphery. If this was by choice or circumstance, I do not know. Yet, if a study I conducted could garner a glimpse into the life of a father during the moments following the birth of their first child, enabling myself and hopefully fellow nurses and healthcare professionals to better understand the perceptions, experiences, and requirements of first-time fathers, empowering them to be involved with their infants, then it would be a study well worth conducting. Since that time I have obtained a specialty certificate in Perinatal Nursing and have also become a parent of two young children, renewing my interest from both a professional and personal level in the perceptions and experiences of new parents, specifically fathers.

Definition of Terms

Father

For the purposes of this project, father is defined as the biological, male parent of a child. It is noted that the term father has taken on broader meanings in society alongside changes in nuclear family structures, including adoptive fathers, step fathers, and father figures. However, for the purposes of feasibility for this project, the term is restricted to biological fathers only. The focus is further narrowed to new fathers - those who have fathered and are raising a child for the first time.

Family-centered Care

Health Canada (2000) defined family-centered care as:

a complex, multidimensional, dynamic process of providing safe, skilled, and individualized care. It responds to the physical, emotional, and psychosocial needs of the woman and her family. In family-centred maternity and newborn care, pregnancy and

birth are considered normal, healthy life events. As well, such care recognizes the significance of family support, participation, and choice. In effect, family-centred maternity and newborn care reflects an attitude rather than a protocol. (p. 1.8)

Postpartum

The term postpartum is defined as "relating to or happening in the period of time following the birth of a child" (Merriam-Webster, 2014, para. 1). The length of time used to define this period can range up to one year (Health Canada, 2000). Studies included in the literature review collected postpartum data anywhere from shortly after delivery to fourteen months postpartum. The majority focused from six weeks to three or four months. One study collected data up to two years following the birth. While this study's data collection period extended beyond the defined one-year time frame, the qualitative data was rich, and included information from the time following birth up to two years. For the purpose of this project, the postpartum period focuses on a time span of approximately three to four months, also noted as the "fourth trimester" (Health Canada, p. 6.44). The term postnatal will be used synonymously with the term postpartum.

Work-life Balance

The concept of work-life balance is noteworthy when discussing the postpartum period for fathers. After a child is born, new physical and emotional demands are placed on the father at home from both his child and his partner. These demands are compounded by the financial pressures created by the addition of a new baby and lower income due to parental leave (Premberg, Hellstrom & Berg, 2008). Fathers may feel pulled to work more to fulfill the traditional breadwinner role, and also to spend more time at home to fulfill the modern, nurturing

father role (Miller, 2011). One could argue that this is one of the most challenging new terrains fathers must navigate.

Project Description

Project Purpose and Research Questions

The purpose of this qualitative study was to understand the perceptions and experiences of Canadian, first-time fathers in the postpartum period in order to equip nurses to provide more effective healthcare services. The primary research questions that were addressed are:

1. How do first-time fathers describe the transition to fatherhood?
2. How do new fathers describe and address their learning needs?
3. How do first-time fathers describe their supports or support networks?
4. How do new fathers go about discovering a new work-life balance?
5. How do first-time fathers perceive and experience healthcare services?

Project Method

A qualitative approach was used to gather an in-depth understanding of the perceptions and experiences of Canadian, first-time fathers during the postpartum period. As a project submitted for completion of a Master of Science in Nursing, it was conducted from a nursing perspective and for a nursing purpose. Thorne's (2008) interpretive description was utilized to gain applicable insight into the experiences of fathers during the postpartum period. The draw towards this specific methodology stemmed from its roots in nursing, as well as a framework with the potential to generate "a product that has both empirical integrity and disciplinary utility" (Thorne, p. 18).

Relevance and Significance

The literature was pervaded with the sense that fathers in Sweden, Britain, and Australia are feeling underprepared, unsupported, and unacknowledged during the postpartum period. There was a call from fathers to be more than simply acknowledged; they longed to be involved. The involvement of fathers in the lives of children betters the whole family unit (Ball & Daly, 2012). It is imperative that nurses, who work so closely with families during this precious transitory time, better meet the needs of fathers, and as a result the families nurses care for. Yet, how can nurses and other healthcare professionals meet the needs of Canadian fathers if we do not understand what those needs are? A deeper understanding of the experience of the paternal postpartum period is needed to enlighten nurses and other healthcare professionals to engage with first-time fathers during this transition to parenthood (Halle et al., 2008).

The literature further depicts numerous benefits of father involvement in the lives of their children and their partners. Ball and Daly's (2012) summary of the literature depicted numerous benefits of father involvement. Direct benefits included cognitive development, emotional development and well-being, social development and physical health (Ball & Daly). The authors concluded, "A review of the research literature ... readily leads one to the conclusion that positively involved fathers make a salutary difference to developmental outcomes for children" (Ball & Daly, p. 68). A study conducted in the United States with 146 first-time mothers noted the impact of early father involvement in increased rates and duration of breastfeeding (Hunter & Cattelona, 2014). Mothers were asked "to indicate if their partner, the infant's father, helped with breastfeeding during the first 48 hours after the child was born" (Hunter & Cattelona, p. 134). For those that received assistance, 97% continued to breastfeed after hospital discharge, compared to 64% of those mothers who did not receive assistance (Hunter & Cattelona). Rates of

exclusive breastfeeding at six months were also higher at 26% for those who received partner support during the immediate postpartum period compared to 10.1% (Hunger & Cattelona). A study originating from France noted the benefits of paternal involvement in infant care in reducing rates of maternal postpartum depression (Séjourné, Vaslot, Beaumé, Goutaundier, & Chabrol, 2012). The authors reported, "The findings from the present study showed the importance of paternal involvement in infant care during the first months postpartum. Indeed, the level of paternal involvement in child care was linked to maternal well-being and maternal attitudes towards motherhood" (Séjourné, et al., p. 142). This research provides support for the importance of nurses encouraging father involvement during the perinatal period for the betterment of mothers, children, and families.

Fathers in the 21st century are in a unique, transition period, surrounded by changing socio-cultural expectations in regards to the role of fathers. Despite these changes, fathers still deal with the pressure to provide for their families. A recent article published by the Huffington Post portrayed the current relevance of fathers having time to spend with their new families in the postpartum period (Peck, 2015). This article discussed the benefits of companies offering fathers paternity leave in promoting gender equality and encouraging other fathers to take paternity leave. Peck wrote, "Many companies don't encourage dads to take leave -- even if there is a policy in place, the culture hasn't caught up. Yet, modern-day fathers want to be involved at home and take leave" (para. 9). The perceptions others hold on fathers who take paternity leave are formed by socio-cultural norms. The author noted the primary method of combating perceptions related to men's primary loyalty to work was to encourage those who have taken paternity leave to talk about it (Peck). As this matter is socially relevant, stories and insights from fathers in the form of qualitative research are needed to play a part in this discussion.

The studies reviewed for this proposal surfaced from countries that are more supportive in terms of policies for fathers, including paternity leaves, than Canada (Ray, 2008). While Canada offers parental leave, which may be split between the mother and father as the couple chooses, it does not offer any respite from work specific to fathers (Ray). Canada is diverse in its population make-up, with nearly 20% of its individuals born in another country (Ball & Daly, 2012). Canadian fathers may experience the isolative impact of globalization more than fathers of other countries. It would be interesting to discover the supports available to Canadian fathers, living in a related, yet unique Western country. The population of Canadian fathers is most importantly one on which no healthcare or nursing literature within the last decade has been located on the postpartum period. It is apparent that "more research is needed to further articulate what fathers' unique needs are and how to meet them" during the postnatal period (Thomas, Boner, & Hildingsson, 2011, p. 507). This thesis research began to inform these gaps for Canadian first-time fathers.

Much of the literature also discussed the implications of policy on fatherhood (Ball & Daly, 2012; Goodman, 2005; McKellar, Pincombe, & Henderson, 2008; Miller, 2011; Thomas, Boner, & Hildingsson, 2011). Previous research has noted both the value of fathers in the lives of children and their families, and also the impactful nature of the perinatal period (Ball & Daly; Doucet, 2009; Premberg, Hellstrom, & Berg, 2008). Now perhaps, the acknowledgement of that importance, coupled with a new understanding of what supports Canadian fathers require, could spur a political discussion, building supportive policies for fathers during the postnatal period. Evidence was collected for this research project to begin to inform decisions related to both practice and policy.

Outline of Paper

This thesis is comprised of six chapters. In this first chapter, historical, socio-cultural, healthcare, and political influences were considered in ascertaining the need for this project. The purpose, key terms and research method have also been presented. In Chapter Two, the search strategy and the resultant relevant literature are reviewed. Chapter Three outlines the research design, sampling, and procedures along with considerations of ethics, scientific quality, and limitations. Chapter Four presents the study findings obtained from the interviews, highlighting themes from the data analysis. In Chapter Five, the findings are situated and discussed in relation to current literature. Finally, Chapter Six concludes the thesis by presenting a project summary and resultant recommendations for nursing education, practice, leadership, policy, and future research.

CHAPTER TWO: LITERATURE REVIEW

In Chapter Two, the search strategies implemented to locate relevant literature as it relates to Canadian fathers are described along with the findings of the literature review. This review delineates current knowledge and knowledge gaps on the postpartum period experienced by fathers in Westernized countries, providing both context and purpose for this study.

Search and Retrieval Strategies for Literature Review

A literature review on the postpartum period for fathers was performed prior to study commencement and was expanded in conjunction with the data analysis process. Qualitative researchers hold varying opinions on the value of a literature review prior to study commencement (Polit & Beck, 2012). A main reservation is the potential for previous research to color the investigator's "suppositions or biases" (Streubert & Rinaldi Carpenter, 2011, p. 25). Despite this, a literature review was conducted to determine the relevant need for this project, and to "draw conclusions about the 'state of the science' in relation to the clinical problem" (Thorne, 2008, p. 54).

A thorough search strategy was conducted to determine if there is indeed a gap in the healthcare and nursing literatures. Literatures arising from other disciplines, including sociology, were not investigated prior to study commencement. The discussion portion of this project, found in Chapter 5, examines recent, Canadian literature available from the sociology discipline. Canadian literature, published prior to 2005 was also available and not investigated to set a pragmatic boundary for the search strategy (Thorne, 2008), contextualizing this study in contemporary literature. All articles published from 2005 onwards, written in English, conducted in a Western country, and that gathered information from new fathers were set aside for the literature review. Yet not all of the articles located were reviewed prior to study commencement.

Several articles relating closely to the topic in terms of concepts and methods, as suggested by Thorne, were reviewed to gain an understanding of the experiences of fathers in other Western countries, grounding the study in current literature. These studies examined prior to data collection had content related specifically to the five research questions, including perceptions and experiences of fathers, knowledge gaps, supports, work-life balance, and interactions with healthcare workers during the postpartum period. Other articles that may be relevant were filed and reviewed after data collection as was indicated by study findings. Boundaries surrounding what literature is to be reviewed must be set, even if only for pragmatic purposes (Thorne). These decisions were made in an attempt to balance the advantages and disadvantages of performing a literature review prior to study commencement in the context of qualitative research.

The following search and retrieval strategies were implemented in conducting a literature review. Accessed databases included Biomedical Reference Collection: Comprehensive, CINAHL with Full Text, Evidence Based Medicine Reviews, MEDLINE, and PsycINFO. First, keywords related to the population focus of fathers were searched including "father*", "paternal", "parent*", "partner*", and "dad". Utilization of the asterisk was intended to improve recall, including articles that related to fathering and parenting. However, if an asterisk was applied to the term "dad" the results would be too numerous and inappropriate, dramatically decreasing the search's precision. These terms were then combined using the Boolean Operator "OR." The second search focused on the postpartum period and included the search terms "postpartum" and "postnatal" combined using the Boolean Operator "OR". The first and second searches were then combined using the Boolean Operator "AND" to target the postpartum period as it relates to fathers. Terms associated with first-time fathers specifically were not included as

they could have dramatically decreased the recall of the search strategy. Controlled vocabulary searches were then conducted within each database including Subjects, CINAHL Headings, MeSH 2014, and Thesaurus respectively, with the exception of Evidence Based Medicine Reviews, which had no relevant controlled vocabulary labels. Terms searched to obtain relevant controlled vocabulary included the keywords listed above. When the controlled vocabulary searches were combined with the keyword searches using the Boolean Operator "OR", the result list remained the same. As contemporary roles of Western fathers have changed, recent literature was deemed relevant. Advanced methods were used to narrow results to 2005 to present for all databases. When available, other filters applied included English language, adult age group, and human subjects. A monthly alert was also set up for each database to retrieve any relevant articles published after June, 2014. The results from these alerts were reviewed on a monthly basis.

The results from each database search were then exported to an online bibliographic software manager, EndNote Web. The cumulative search results numbered 4,408. After duplicates were located and removed by the program, 2,967 articles remained. These articles were then reviewed by title and abstract and 56 were selected for the review. 53 of these articles were located, and 3 were requested and acquired via Interlibrary Loan.

Following the database search strategy, forward citation searches were carried out via Google Scholar on the fifteen articles deemed most relevant to the topic of the perceptions and experiences of first-time fathers during the postpartum period. After review of title and abstract, and sections of the documents as deemed necessary, 14 more articles were located for review.

In addition, major global and national medical and health related websites were searched. These included The World Health Organization, The Public Health Agency of Canada, and The

Canadian Institution for Health Information. Nursing and perinatal organizational websites were also searched including The Society of Obstetrics and Gynaecologists of Canada, The Canadian Nurses Association, The Canadian Association of Schools of Nursing, the College of Registered Nurses of BC, and Perinatal Services BC. Keywords searched individually on each site were father, parent, family, postpartum and postnatal. Of the nursing and perinatal literature, results were located only via the Perinatal Services BC website. Nine supplementary documents were selected for this review, in large part to acquire a Canadian perspective on this issue, including healthcare context and policies surrounding fathers' transition into parenthood.

Beyond searching specific, Canadian and health related literature, a grey literature search was performed using Google's Advanced Search. The keywords "father" and "paternal" were inputted in the "all these words" line, while the terms "postpartum" and "postnatal" were inputted into the "any of these words" line. The term "depression" was written in the "none of these words" line to limit the number of articles related to postpartum depression. Results were further narrowed to 2005-present, the English language, and PDF files only. This was done to assist in the location of theses available from institutional repositories, limiting ineffectual html files. Three documents were retrieved for this review. One file was a sample chapter of a book published by UBC Press, Vancouver. The book in its entirety, titled, *Father Involvement in Canada: Diversity, Renewal and Transformation*, edited by Ball and Daly (2012) was ordered from an online supplier and reviewed when it became available.

While this project pertains specifically to Canadian, first-time fathers, the eligibility criteria to collect articles for this review were not so stringent. Contemporary nursing and healthcare articles related to the postpartum period for fathers from Westernized countries were deemed relevant and able to assist in the contextualization of this study. A summary of the

preliminary literature review, including databases, search terms and strategies, and results, is located in Appendix A.

It should be noted that while 88 documents were selected for the review, only the ones pertaining generally to the postpartum period for fathers were thoroughly reviewed prior to the conduction of the interviews to determinate if there was indeed a gap in the literature and to provide contextual information surrounding this study. Articles with more specific topics, including those related to men's sexuality, parenting efficacy, physical health and infant attachment, were reviewed after data collection and analysis were completed as was deemed necessary by the study findings. The relevancy of these articles was determined as the perceptions and experiences of Canadian first-time fathers became known. Further, articles focusing on paternal postpartum depression were not included in this review to set a pragmatic boundary for this literature review (Thorne, 2008). Refer to Appendix B for a summary of the most relevant articles pertaining to this project.

Literature Review

Studies reviewed prior to data collection varied in terms of their methodology. Articles included a systematic review (Genesoni & Tallandini, 2009), two meta-synthesis (Chin, Hall, & Daiches, 2011; Goodman, 2005), seven qualitative reports based on six studies (Chin Daiches, & Hall, 2011; Deave & Johnson, 2008; Deave & Johnson, & Ingram, 2008; Fagerskiold, 2008; Miller, 2011; Premberg, Hellstorm, & Berg, 2008; St John, Cameron, & McVeigh, 2005), two quantitative reports (McVeigh, St John, & Cameron, 2005; Thomas, Boner, & Hildingsson, 2011), one mixed-methods (Halle, et al., 2008), and two reports on a single participant action research project (McKellar, Pincombe & Henderson, 2006; McKellar, Pincombe & Henderson,

2008). Studies originated from Australia, the United Kingdom, and Sweden; no recent Canadian nursing or healthcare studies were found.

Although Australia, the United Kingdom and Sweden are Westernized countries, there are healthcare and policy variations that may influence the perceptions and experiences of the postpartum period for fathers. These three countries predominately practice a midwifery model of care, which is contrary to the medical model that dominates in Canada. Their policies surrounding paternity leave are also more generous than those found in Canada (Australian Government, 2015; Khoo, 2015; Ray, 2008). Canada, exclusive of Quebec, has maternity leave, specifically for the mother, and parental leave, which can be divided between the two parents. All provinces, other than Quebec, do not have a specified paternity leave; Quebec guarantees fathers five weeks of paternity leave (Ray). Australia provides fathers with two weeks of specified Dad and Partner Pay with a maximum of 18 weeks of paid parental leave available for either parent (Australian Government, 2015). 12 months of unpaid parental leave is also available for each employed parent (Australian Government). The United Kingdom guarantees two weeks paid paternity leave, alongside 13 weeks of unpaid leave for each parent (Ray). Sweden has by far the most generous government policies related to paternity leave in aims of promoting gender equality. Currently, Sweden guarantees 60 days of paternity leave (Khoo, 2015). A proposal has just been put forward by the Swedish government to extend this to 90 days starting in 2016 (Khoo). The research reviewed from these countries, with more supportive paternity leave policies than Canada, noted the struggles and lack of perceived support by these fathers. This portrays a need for literature focusing on the perceptions and experiences of Canadian fathers during the postpartum period because if fathers from other Westernized

countries with more supportive government policies are struggling, then perhaps Canadian fathers are struggling to a greater degree.

Historical and Social Contexts of Contemporary Western Fatherhood

First-time fathers' perceptions of fatherhood depicted in the literature reflect an array of emotions and opinions. Although fatherhood evokes sentiments of fulfillment and joy, it is evident that fathers also struggle during this imperative transition. Regrettably, the literature is saturated with fathers' perceptions of themselves as the secondary parent (Chin, Daiches, & Hall, 2011; Fagerskiold, 2008; Goodman, 2005; McKellar, Pincombe, & Henderson, 2008; McVeigh, St John, & Cameron, 2005; Miller, 2011). This sentiment of Western fathers is in part a reflection of perceived cultural and societal gender roles, which impact the environment in which fathers are situated (Doucet, 2009; Goodman; Miller; Premberg, Hellstrom, & Berg, 2008).

While Western society accepts and theoretically encourages the role of involved fathers, this concept exists within the historical conventions of fatherhood (Doucet, 2009; Miller, 2011). Traditional gender roles, including men as the breadwinner, continue to permeate the context in which men are experiencing the transition to fatherhood, impeding men from fully embracing the notion of involved fatherhood. This influence can be seen in the lack of available resources and support available to fathers (Deave & Johnson, 2008; Deave, Johnson & Ingram, 2008; Goodman, 2005; McKellar, Pincombe, & Henderson, 2008; Thomas Boner, & Hildingsson, 2011), their necessary involvement in work outside the home (Deave, et al. Fagerskiold, 2008; Goodman; Halle et al., 2008; McKellar, Pincombe, & Henderson, 2006; McKellar, et al., 2008; Thomas, et al.), and, perhaps most regrettably for nurses, perinatal healthcare services seemingly geared toward the maternal-child unit (Chin, Hall, & Daiches, 2011; Fagerskiold; Genesoni & Tallandini, 2009; Goodman; Miller; Premberg, Hellstrom, & Berg, 2008; Thomas, et al.). This

lack of inclusion, influenced by traditional gender roles, results in men's sentiments of being on the periphery of care. This affirms, or perhaps creates, first-time fathers' sense of being in a secondary parental role during the transition to fatherhood. Thomas et al. concluded that "Men seem to have accepted that their needs are simply not as important" (p. 500).

Despite the notion of being secondary, influenced by historical depictions of authoritarian fathers and current perinatal environments, modern day men in Western countries continue to experience joy and fulfillment as they forge their way into fatherhood in the 21st century. Fagerskiold's (2008) study involving first-time Swedish fathers reported that, "Becoming a father was much more fantastic than they could have imagined" (p. 64). Modern-day fathers' desire to be more involved than their fathers were permeated the literature (Chin, Hall, & Daiches, 2011; Deave & Johnson, 2008; Fagerskiold; Genesoni & Tallandini, 2009; Goodman, 2005; Miller, 2011; St John, Cameron, & McVeigh, 2005). Miller's article, specifically exploring the influence of gender during the transition to fatherhood, noted men's intentions at undoing traditional gender roles, their struggles once the realities of parenting set in, but also their successes. She wrote, "Following the birth the men are indeed more actively and emotionally involved in caring for their child than they recall their own fathers to have been" (Miller, p. 1107). Genesoni and Tallandini conducted an analysis of the literature from 1989-2008 on men's psychological transition to fatherhood in which they noted, "The European and North American literature reports a tendency for fathers to be more involved in infant care than has been observed with past generations" (p. 305). A descriptive, quantitative study conducted in Australia, investigating the functional status of fathers after the birth of a baby noted that "almost 30% [of fathers] managed to increase their involvement in activities involving home and family" (McVeigh, St John, & Cameron, 2005, p. 25). There are discernible changes in contemporary fatherhood.

Not only is the defined role of fatherhood undergoing a period of major revision, the first-time father's life during the postpartum period is also undergoing remarkable transformation. While cultural and societal expectations surrounding the role of fathers in the 21st century are influenced by historical milieus, so too are fathers' experiences during the postnatal period impacted by various factors; defined fatherhood roles and the transition into fatherhood do not occur in a vacuum (Miller, 2011). Several resurgent elements in the literature include a father's sense of preparedness and know-how, support networks, work demands, and the healthcare environment. The following sections report on the current literature available pertaining to these influences on first-time fathers transition to parenthood during the postpartum period. These influences were further explored from the Canadian perspective during the investigative portion of this project, which was lacking in the available literature.

Preparation, Knowledge and Education

A man's sense of preparedness for fatherhood and their knowledge required for this transition are two factors that impact a father's experience of the postpartum period. The overall sense portrayed in the literature is that first-time fathers feel unprepared for this transition (Chin, Hall, & Daiches, 2011; Deave & Johnson, 2008; Deave, Johnson, & Ingram, 2008; Goodman, 2005; Halle et al., 2011; McKellar, Pincombe, & Henderson, 2006; St John, Cameron, & McVeigh, 2005).

Seemingly contrary to the lack of preparedness for fatherhood, McKellar, Pincombe, and Henderson's (2006) Australian participatory action research study reported that 70.4% of first-time parents "felt well or very well prepared for life at home with their baby" (p. 360). This information was collected via an anonymous self report questionnaire completed within four weeks of birth. It was not noted if this sense of preparedness refers to their antenatal or postnatal

sentiments. This response, however, was not broken down into mothers or fathers specifically. Fifty-two participants were mothers and thirty-three were fathers. It could be that mothers represented the majority of parents who felt prepared. This is the only study located to allude to a sense of preparedness for parenthood. There is also no qualitative data to elucidate this statistic. However, McKellar, Pincombe, and Henderson's (2008) second report included qualitative data gathered from focus groups made up specifically of nine fathers. They wrote, "Fathers identified a lack of father-specific information. Their comments were: 'There is no information for dads'; 'Can't find any'; and 'Add-on only!'" (McKellar et al., 2008, p. 16).

Goodman's (2005) meta-synthesis of ten published articles highlighted the disparities between first-time fathers' expectations and realities during the first few weeks following birth. This disparity contributed to a "disruptive, distressing, disappointing, and frustrating" transition to fatherhood (Goodman, p. 194). Part of this issue was men's realization of their lack of skills and know-how they needed for fathering. Goodman emphasized the need to better prepare and support fathers during this transition. One recommendation was hands-on practice of infant care before and after birth (Goodman). She affirmed anticipatory guidance in terms of the role of being a father and antenatal education with "content specific to the concerns of fathers" (Goodman, p. 195). Unfortunately, while Goodman noted the need for information related to fathers and breastfeeding and "ways for new fathers to experience closeness with their infants," the meta-synthesis did not enlighten the reader as to what other father-specific concerns existed (p. 198). Another notable limitation of Goodman's review is that the majority of qualitative literature included was written in the early 1990s, with the most recent article published in 1999. Goodman concluded, "The paucity of recent published reports of the experiences of fathers of infants points to the need for further qualitative research in this area" (p. 199).

Deave and Johnson's (2008) more recent British investigation explored "the needs of first-time parents in relation to the care, support and education during the antenatal period, particularly in relation to preparing for the transition to parenthood and their parenting skills" (p. 626). Their qualitative findings from data gathered from interviews with 24 women and 20 of their partners three to four months after the birth of their child revealed that for fathers "feelings of ignorance and lack of preparation for the realities and practicalities of parenting were very common ones and came over strongly" (Deave & Johnson, p. 630). The men in the study stated that information on the role of a father, hands-on baby care instruction, and changes in relationships, particularly with their partners, would have been helpful (Deave & Johnson). Participants also noted that hearing from other parents during the perinatal period would have been helpful, "to know what everyone else has been through" (Deave & Johnson, p. 629).

Halle et al.'s (2008) Australian study affirmed this need to focus on "the psychological aspects of parenthood, parenting education and fathers' experience and needs" (p. 68). The qualitative data gathered from interviews with twenty-two fathers, approximately half of who were first-time fathers, also prompted these authors to suggest introducing insecure fathers to more experienced, confident ones, as a way of role modeling and growing knowledge and support (Halle et al.).

Support Networks

While the literature depicted a lack of preparedness for fatherhood, it also portrayed a lack of support for fathers during the postnatal period. Goodman's (2005) meta-synthesis reported a sense of isolation for first-time fathers. The primary source of support was from the fathers' partners. However, mothers were often stressed and preoccupied with the new baby and their own transition, rendering them unavailable to support their own husbands (Chin, Daiches,

& Hall, 2011; Goodman). Goodman wrote, "Fathers experienced a lack of instrumental and emotional support in their efforts to be involved and emotionally connected with their infants, and this affected their transition to their role of father" (p. 195). Hence, Goodman recommended father support groups and peer role models.

The reality of lacking supports noted by Goodman (2005) is affirmed by more recent literature. The participants in Deave and Johnson's (2008) qualitative study from the United Kingdom noted men's perceptions of few support systems, including a lack of support from friends or family. Only a small number of participants noted their own fathers as a support person. Further, those who noted their fathers stated they wanted to parent differently than their fathers (Deave & Johnson, 2008). Deave, Johnson, and Ingram's (2008) report, drawing from the same data as Deave and Johnson, noted that women identified more available supports than men, including friends and parents. They write "The men appeared to lack support networks, some even felt that they had no-one to turn to, apart from their partner and, for some, their work colleagues" (Deave et al., p. 4). This also seemed to be the case in McKellar, Pincombe and Henderson's (2006) action research study, which stated, "The questionnaire asked parents to nominate their sources of support and information" (McKellar et al., p. 361). This is then followed by a report and table containing information regarding the mothers' data, but not the fathers. The authors did not expound if the fathers failed to name any sources of support or if they deemed the findings not worth reporting.

Both quantitative and qualitative data from Halle et al.'s (2008) Australian investigation into the experience of fatherhood echoed the lack of support noted by fathers. One third of participants indicated on the survey that they "sometimes" or "never" felt supported by family and friends and at times they had "no one to share their feelings with" (Halle et al., p. 63).

Similar to the literature above, the most prominent source of support was that of their partner (Halle et al.). The authors noted their surprise at this lack of support as the participants lived in a metropolitan area, having abundant access to transportation systems to meet with friends or community supports. The participants also had higher than average academic achievements, which the authors suggested should make them resourceful at locating supports if needed. Halle et al. "argue that this reluctance to access support was possibly due to a lack of exposure to other fathers who were effectively developing and using a social support network. It may also be further compounded by societal expectations that fathers need to be the protectors and remain strong for their families" (p. 63). Similar to Goodman (2005), the authors recommended introducing new fathers to amicable role models to facilitate support and involved parenting.

It is worth noting that while the literature depicted a lack of supports available to fathers, the most prominent source of support listed is the partner. Genesoni and Tallandini's (2009) analysis of the literature affirmed the imperative nature of a man's relationship with his partner, particularly during the postpartum period. This relationship can serve to help or hinder the father's attachment to their child and their identity as a father (Genesoni & Tallandini; Goodman, 2005). Unfortunately, this relationship is often under a time of stress after the birth of a baby, as the mother is now tending mostly to the baby, the parents are exhausted, and both experiencing major transitory life phases (Chin, Daiches, & Hall, 2011; Deave, Johnson, & Ingram, 2008; St John, Cameron & McVeigh, 2005). Fagerskiold's (2008) study exploring Swedish first-time fathers experiences during the postpartum period noted an improvement in marital closeness among study participants, despite feelings of fatigue and resultant irritability. The authors noted this is contrary to previous literature, which denoted marital problems during the postpartum period. St John, Cameron and McVeigh's and Chin, Daiches and Hall's qualitative investigations

into fathers' experiences noted a lack of time to spend together as a couple, as well as decreased marital intimacy. Yet, other participants noticed a strengthened relationship, with "a new appreciation of each other" (St John et al., p. 184). Perhaps the fact that men's partners are their main source of support during the postnatal period makes the most compelling case for their true lack of support.

Work-life Balance

Not only did the literature report a lack of support for Western fathers, it also depicted a complex struggle with novel responsibilities and pressures for fathers to balance. The concept of balance occurred repeatedly in the literature surrounding the postpartum period for fathers, particularly in relation to time spent inside and outside of the home (Deave & Johnson, 2008; Deave, Johnson, & Ingram, 2008; Fagerskiold, 2008; Genesoni & Tallandini, 2009; Goodman, 2005; Halle et al., 2008; McKellar, Pincombe, & Henderson, 2006; McKellar, Pincombe, & Henderson, 2008; Miller, 2011; Thomas, Boner, & Hildingsson, 2011). Fathers noted the challenge of being very involved with their infant as they had to spend so much time at work (Premberg, Hellstrom, & Berg, 2008). Genesoni and Tallandini concluded their meta-analysis noting the pressing issue of "men's struggle in reconciling their personal and work-related needs with those of their new families" (p. 316). The authors noted that fathers frequently removed themselves from this conflict, resorting to traditional, utilitarian roles, resulting in a lack of provision of practical help to their partners and infants (Genesoni & Tallandini). Chin, Daiches, and Hall's (2011) qualitative investigation into the experiences of becoming a father depicted work "as a barrier" for all participants (p. 22). Yet, work was also seen as a place of certainty, where fathers felt valued and secure (Chin et al.). The traditional role of a father, that which men are seemingly most familiar with, required them to be outside the home, providing for the

economic needs of the family, while the nurturing father role required them to be involved in infant care inside the home (Halle et al.; Miller). This makes for a delicate balancing act.

Miller's (2011) study, focusing on the role of gender during the perinatal period, described first-time fathers' genuine intentions to be readily involved with their infants. However, once they returned to work, "competing paternal and workplace demands lead the men to revise their earlier intentions" (p. 1103). Yet Miller also noted the impact of cultural paternal roles and expectations on fathers' involvement at work. One participant stated, "I sort of still feel the need to prove myself perhaps in my job more than anything else and perhaps it's not valid or recognized to prove yourself as a father" (Miller, p. 1105). Miller's study concluded:

Following the birth the men are indeed more actively and emotionally involved in caring for their child than they recall their own fathers to have been. But a return to paid work reveals the temporary nature of any intentions – or possibilities – to significantly disrupt normative gender behaviors. The fathers' caring practices are not forgotten, however, but rather are developed more slowly as they are squeezed into evenings and weekends... Whilst taking turns in aspects of caring, and glimpses of doing gender differently, are discernible across the data, for the most part it remains the mother who is left holding the baby. (p. 1107)

Miller's concluding remarks assist in the depiction of men's balancing act during the postpartum period and the impact of work, cultural norms, and supports in fathers' achievement of an involved paternal role.

Perinatal Nursing and Healthcare Services

Fathers' interactions with healthcare services and staff during the perinatal period also impact their transition into the paternal role. Perinatal Services BC (PSBC, 2011) operates from a

women-centered care perspective, which "places the woman and her newborn at the centre of care" (p. 2). Their newborn care pathway denoted family-centered care as an adjunct to women-centered care, labeling it as "an attitude/philosophy rather than a policy" (PSBC, 2013, p. 2).

Regrettably, fathers clearly expressed their perception that healthcare services were geared towards the maternal-child unit (Chin, Daiches, & Hall, 2011; Fagerskiold, 2008; Genesoni & Tallandini, 2009; Goodman, 2005; McKellar, Pincombe, & Henderson, 2008; Premberg, Hellstrom, & Berg, 2008; Thomas, Boner, & Hildingsson, 2011). One participant from McKellar et al.'s action research study stated that he felt like an "Add-on only!" (p. 16). In their focus groups, fathers noted "the alienation of men as consumers of maternity services. The fathers continued the discussion with the notion that maternity care should be more family-centered" (p. 16).

While PSBC's concept of philosophy rather than policy aligns with Health Canada's (2000) definition of family-centered care as an "attitude rather than a protocol" (p. 1.8), recent literature from both Australia and Sweden on the perinatal period for fathers calls for a shift from women-centered care to family-centered care (McKellar, Pincombe & Henderson, 2006; McKellar, Pincombe, & Henderson, 2008; Thomas, Boner, & Hildingsson, 2011). It was proposed "that a family-centered approach would be an appropriate evolution and enhancement of women-centered care, enabling men to access knowledge in a way that best accommodates them and their family" (McKellar et al., 2006, p. 363). Instead of focusing on the singular, obvious patient - the women delivering the child - focusing on the whole family creates a "more inclusive culture" (McKellar et al., 2008, p. 18). This investment in the whole, rather than a few parts, creates long-term benefits for every family member (Thomas et al.). Perhaps a re-centering

of these philosophies into policies has the potential to create room for fathers to delve into their new role during the postpartum period.

Chapter Summary

Chapter Two presented a review of the literature, including a description of the search strategy implemented and rationale for the literature review process. This Chapter also provided pertinent background information for this study. A definitive gap in the literature surrounding the perceptions and experiences of the postpartum period specifically for first-time Canadian fathers was noted as a result of the literature review, and thus the need for this research project was clearly identified. The next chapter will discuss the research design, method and procedures implemented to gather meaningful data to begin filling the identified knowledge gap.

CHAPTER THREE: RESEARCH DESIGN, METHOD, AND PROCEDURES

In Chapter Three, the research design and its basis are described followed by the details surrounding the research methodology. Refer to Appendix C for project timeline. Ethical considerations, measures taken to instill scientific quality, and study limitations are also presented to provide the reader with a foundation from which to evaluate the research findings presented in Chapter Four.

Design

A qualitative approach was used to garner an in-depth understanding of the perceptions and experiences of Canadian, first-time fathers in the postpartum period. As a project completed for a Master of Science in Nursing degree, it was conducted from a nursing perspective and for a nursing purpose. Thorne (2008) eloquently described the nursing discipline as "exquisite in its complexity and purity of purpose" (p. 25). As a discipline, nursing obtains knowledge from an array of both general and particular sources, encapsulating them to treat each individual patient in a manner worthy of that person's inherent value (Thorne). This friction between the general and the particular, between knowledge and practice, is what contributes to the potential messiness of nursing science. Thorne elaborated:

Nursing's comfort within the world of complexity and contradiction, its enthusiasm for ways of thinking that acknowledge the messiness of the everyday practice world, help explain why it would take a lead in what has become a generation of methodological development within the applied qualitative health research field. (p. 26)

It is Thorne's development of interpretive description as a qualitative, research methodology that was utilized to acquire applicable insight into the experiences of fathers during the postpartum period. The draw towards this specific methodology stems from its roots in nursing, as well as a

framework with the potential to generate "a product that has both empirical integrity and disciplinary utility" (p. 18).

Access and Sampling

Upon project approval from Trinity Western University's Research Ethic's Board (REB) (Refer to Appendix D), recruitment of study participants commenced. Convenience sampling was used initially to recruit first-time fathers to participate in this qualitative investigation. Request for support letters were hand delivered to a local midwifery office as well as to two doctor's offices in Langley (see Appendix E). Once formal letters of support were received, flyers and brochures were displayed in these offices (see Appendices F and G). The clinics were provided with information on eligibility criteria so they could pre-screen potential candidates. First-time fathers willing to participate were asked to contact me directly by telephone or email. As recruitment was initially slow through the clinics, fathers were also recruited through personal contacts. Nearing the end of recruitment there were more volunteers than needed. As the study progressed, purposive sampling was used to select participants with varying religious affiliations and also from a more metropolitan area in hopes of obtaining a father with a less traditional conceptualization of gender roles related to caretaking. A ten dollar gift card to Starbucks Coffee Company© was provided as an honorarium to each of the ten participants.

Inclusion criteria for this study are outlined as follows: Eligible participants were biological, first-time fathers, aged twenty and older, either married or common-law with the child's mother, having a delivery of a live, single, healthy full-term infant, who did not require admission to a special care nursery. Fathers of multiples, infants born prior to thirty-seven weeks gestation, or of newborns requiring admission to a special care nursery were excluded due to the added physical and emotional stressors, which were beyond the scope of this project. Both

vaginal and cesarean deliveries could have been included in this study, as well as hospital or home births. The fathers were also required to read and speak English and be willing to share their experiences of the early postpartum period.

Ten first-time fathers were interviewed for this research project. Fathers were recruited from five cities in British Columbia, as well as one from Alberta. They ranged in age from 23-32, with infants of ages 1-8 months. While the original intent was to interview fathers two to four months after the birth of their first child, due to initial difficulty with recruitment, this time span was increased. All participants were married. Nine of the ten participants self-identified as Caucasian with one self-identifying as Middle Eastern. Reported highest level of education obtained ranged from a high school diploma to a graduate degree. Fathers worked in a variety of employment settings. Seven attended prenatal classes and all but one had a hospital delivery. Similarly, all but one participant reported their wife having a spontaneous vaginal delivery, with only one having a cesarean section. Half of all study participants had a midwife, four had a general practitioner, either their family doctor or a local maternity clinic, and one had an obstetrician as their primary care provider (PCP). For the participant who had the cesarean section, their PCP was a midwife, although an obstetrician performed the delivery. Study participants represented three different midwifery clinics, four different doctor's offices or maternity clinics, and one obstetrician's office. Fathers took anywhere from two days to one month off of work, with only one participant taking one month of the government allotted parental leave. Six participants identified as Christian, two as Muslim, and two were non-affiliated with any religion. Please refer to Table 1 for complete participant demographics.

Table 1	
<i>Participant Demographics</i>	
Age of Participant, mean (range)	28.5 (23-32)
Age of Infant, mean (range)	3.5 months (1 month - 8 months)
Sex of Infant (n)	
Male	5
Female	5
Marital Status (n)	
Married	10
Common Law	0
Race/Ethnicity (n)	
Caucasian	9
Middle-eastern	1
Highest Level of Education (n)	
High school	2
Some Post-Secondary	3
Bachelor's Degree	3
Graduate Degree	2
Occupation (n)	
Trades or physical labor	3
Professional	3
Service Industry	3
Unemployed	1
Attendance at Antenatal Classes (n)	
Yes	7
No	3
Location of Delivery (n)	
Hospital	9
Home	1
Method of Delivery (n)	
Vaginal	9
Cesarean Section	1
Primary Care Provider (n)	
General Practitioner	4
Midwife	5
Obstetrician	1
Amount of Parental Leave, mean (range)	1.8 weeks (2 days - 1 month)
Religious Affiliation (n)	
Christian	6
Muslim	2
Non-affiliated	2

Note. n = 10

Table 1. Participant Demographics

Procedures

Data Collection

To obtain insight into the experiences of first-time fathers in their transition to parenthood, qualitative data was obtained via semi-structured interviews with the ten first-time fathers from December 2, 2014 to April 29, 2015. The mean interview length was 35 minutes (ranging from 15-70 minutes), exclusive of the time used for the collection of demographic data and the debriefing process. Some fathers answers were short and to the point, while others shared in great detail about their experiences. Demographic information collected from each participant, included age, marital status, ethnicity, education level, occupation, attendance at antenatal classes, their child's location and method of delivery, primary care provider, amount of parental leave taken, and religious affiliation (refer to Table 1, p. 32). After demographics were recorded, the opening question was, "What has it been like for you to be a father since the birth of your child?" This was followed by more specific questions pertaining to each of the five research questions. Prompting questions or comments were used as needed. To obtain insight to assist other fathers, the closing question was, "If you had anything that you would like to share with other men soon to become fathers what would that be?" After the completion of four interviews, it was noted that fathers were struggling to answer questions related to support, particularly support on a personal level. In fitting with the emergent design common to qualitative research, the interview guide was amended at this time with the assistance of the project supervisor to illicit richer data related to first-time fathers' personal supports. The interview guide, prompts and amendments included, can be found in Appendix H.

The first seven interviews were conducted face-to-face with the participants in various settings. These included Trinity Western University's campus, several participants' homes, my

home, and a community centre. After an analytic pause, the final three interviews were conducted. These interviews occurred via telephone due to geographical distance for one participant in Alberta, expediency of the project, and given the purpose of the interviews had shifted somewhat to validation and expansion of study findings. Interviews were audio-recorded directly to a laptop and transcribed verbatim post interview by myself. Quick jottings were written during each interview and expanded into more comprehensive, reflexive field notes immediately following each interview. These notes included information about the setting, participant tone, body language, and emphasized words or phrases.

Data Analysis

The aim of data analysis is to elucidate the experiences of study participants (Streubert & Rinaldi Carpenter, 2011). Krasner (2001) wrote, "Stories illuminate meaning, meaning stimulates interpretations, and interpretation can change outcome" (as cited in Streubert & Rinaldi Carpenter, p. 47). This logic fits well with the intentions of interpretive description, particularly the influence on practice. Thorne (2008) stated that the work of data analysis "is unquestionably the most painfully difficult and yet the most essential element in what constitutes a credible interpretive description study" (p. 141). Time is an essential element in qualitative data analysis: time spent amongst the data to develop an appreciation for the parts that contribute to the whole. One simple way to facilitate this is the verbatim transcription of each interview, performed by myself following each interview. Following this, time was spent dwelling with the data obtained from each interview, listening to each recording and reading and re-reading each transcript.

Coding is a process utilized in many qualitative traditions during the data analysis portion of the study (Thorne, 2008). Coding consists of line by line assessment and the subsequent

identification of concepts and patterns from the data (Streubert & Rinaldi Carpenter, 2011).

While coding has its uses, particularly in terms of organizing a substantial amount of data into concepts that are manageable to examine, Thorne advised researchers of its potential dangers. Of note are the risks of oversimplification of the data and prematurely drawing conclusions about the data before it is fully understood (Thorne; Thorne, Reimer-Kirkham, & MacDonald-Emes, 1997). In an attempt to avoid this pitfall, several additional or slightly altered coding practices were applied, as follows. First, attentiveness and immersion amongst the data was facilitated by highlighting and marking up transcripts with marginal notes, as suggested by Thorne. This assisted in the formation of a decision trail and decreased the risk of applying codes before the data was meaningfully realized or understood as a whole instead of fragmented parts (Thorne, et al.). Second, instead of succumbing to the allure of memorable phrases and beginning the coding process prematurely, a "quotable quotes" file was created (Thorne, p. 149). The intent of this strategy was to prevent the misplacement of these poignant phrases and the hazard of their domination during the analysis. While these quotes had the power to deliver a meaningful message, if coded prematurely, they could detract from the study's scientific credibility (Thorne). Thirdly, codes were applied with caution and critique during the analytic process, maintaining coding "as a crude replica of the marvelous innate capacity we humans have to find the meaning that lies hidden within apparent chaos" (Thorne, p. 147).

After the initial informal marking up of transcripts, more detailed notes and patterns were recorded. These were shared with the thesis supervisor, an expert in interpretive description, and a codebook was developed in consultation with her. After the first two transcripts were coded, several changes were made to the codebook, with the addition of several codes and the amalgamation of others. For instance, while "Knowledge" was initially listed as a primary code,

it was changed to a sub-code under "Influences on Fatherhood Experience" alongside "Expectations," "Support systems" and "Past life experiences." "Strategies Enacted to Navigate the Fatherhood Experience" was also added as a primary code as data analysis progressed. Once a reliable codebook was developed, the documents were imported into NVivo 10™ software and formally coded. Codes were applied in a line-by-line fashion to each individual transcript, followed by a comparison, editing and amalgamation of the resultant codes as patterns and themes emerged. Minor adjustments were made to the codebook as new data was collected and further insight was gained. Each interview transcript was analyzed using the final version of the codebook (Refer to Appendix J).

During and following the coding process, relationships between codes were explored and themes were developed in consult with the thesis supervisor. Both hard copies of the transcripts with markings and formally coded transcripts in NVivo 10™ were reviewed as a great deal of time was spent dwelling with the data. Preliminary themes and analytic frameworks were constructed and tested to ensure a fit with the data collected from interviews with first-time fathers. Questions were asked of the data until an analytic framework that meaningfully and holistically depicted the perceptions and experiences of first-time fathers could be generated. For example, the overarching theme of "Paradoxical Paternity" was considered as an alternative framework due to the seemingly contradictory nature of fathers' stories. Fatherhood was expressed as fun, yet very difficult, as a permanent accompanied by continuous change, as a massive life change although not much changed in their day-to-day realities. While this paradoxical framework described the study participant's experiences to a degree it failed to meaningfully interpret the study findings. Finally, preliminary themes and conceptualizations based on data from all study participants were brought to two strategically selected participants

as an alternative form of member checking. The goal of this interpretive description study, to create a message that is robust, "meaningful and relevant," so "it will be received as important insight," was minded during the analytic process (Thorne, 2008, p. 141).

It should be noted that as a qualitative investigation, decisions regarding sampling, data collection, and analysis evolved as the study progressed. This emergent design, common to qualitative research, was implemented to best acquire insights into the perceptions and experiences of first-time fathers (Polit & Beck, 2012). Some examples of this included amendments made to the original interview guide, extending the age range of infants included in the study, and extending into the province of Alberta to maximize sampling variation.

Ethics

Ethical standards are imperative in the conduct of research. Ethical consent for the study was obtained from the Trinity Western Research Ethics Board prior to recruitment and data collection (refer to Appendix D). Participants had the opportunity to review the informative brochure and after the purpose of the study was explained verbally, each participant was asked to sign a written consent form; refer to Appendix G for informative brochure and Appendix I for the consent form. They were informed that they could withdraw from the study at any time without repercussions. Each participant was identified by a pseudonym, and these pseudonyms appear in the transcribed data and in the following chapters of this thesis document. Hard copies of the transcribed data, used to enable manual mark-ups and highlighting, were kept in a locked cabinet for the duration of the study. Demographic data was identified with a numeric code and later associated with a pseudonym on the interview transcripts. Any identifiable information was removed from the transcripts, including names of people, places and dates. The recorded interviews and electronic transcripts were stored on a password protected computer, with only

myself aware of the password. All paper material containing data will be shredded following the final electronic submission of this thesis. The appointed thesis committee were the only persons with access to the transcribed data, with no one but myself having access to the recorded interviews. Primary Care Providers and their associated clinics of the participants and their families are not listed in the study. Now that the study has been completed, written and approved, all electronic data will be kept for seven years on a password protected computer in case of secondary analysis or audit.

Scientific Quality: Validity and Reliability

Nearing the end of this chapter, it is fitting to provide the reader with methods utilized to instill scientific quality. What constitutes scientific quality is a topic highly contested among qualitative researchers (Polit & Beck, 2012; Streubert & Rinaldi Carpenter, 2011; Thorne, 2008). Nonetheless, when discussing scientific quality it is worth remembering, "the goal of rigor in qualitative research is to accurately represent the study participants' experiences" (Streubert & Rinaldi Carpenter, p. 48). The challenge lies in determining the most appropriate methods to accomplish this goal. Thorne emphasized the importance in determining credibility as study findings may be written up in formal reports and read by practicing healthcare professionals, influencing their practice. Qualitative researchers must assure their readers that any changes made to their practice are a result of credible findings, and not simply an emotional report (Thorne).

As the researcher plays an integral part in the qualitative research process, their role and influence must be accounted for. The beauty of qualitative research is that it does not restrict or discount the researcher's influence, which is an impossible feat in any case, but instead makes note of it, permitting the reader to evaluate the findings, aware of the researcher's interpretations

of participant perspectives (Jootun, McGhee, & Marland, 2009). As a maternity nurse, and a mother of two young children, my biases may lean towards furthering supports for new families. In choosing the topic of first-time fathers, it is clear that I have a particular interest in their perceptions, experiences and needs. I also think being a parent of small children enabled first-time fathers to share more intimately about their experiences as they reflected on how I would be able to understand their experiences as a fellow parent. Reflexivity was utilized to recognize how my "values and views may influence findings," adding credibility to the study (Jootun et al., p. 42). A research diary was one tool used to promote reflexivity (Jootun et al.). It was used to document notions figuring into decisions made throughout the research process, as well as any preconceived beliefs or potential biases that may influence the study process and therefore its findings (Thorne, Reimer-Kirkham, & MacDonald-Emes, 1997).

The research design also entailed an element of space triangulation to enhance the study's representative credibility (Thorne, 2008). Fathers were sampled from multiple clinic sites, representing both medical and midwifery models of care, demonstrating space triangulation (Polit & Beck, 2012). While two doctor's offices and one midwifery clinic were strategically approached for recruitment, the ten study participants represented three midwifery clinics, four doctors or maternity clinics and one obstetrician. While participants were recruited primarily in the Lower Mainland, British Columbia, representing five cities, one was also recruited from the province of Alberta, further contributing to space triangulation. The purpose of triangulation is to "converge on an accurate representation of reality" (Polit & Beck, p. 745).

Member checking, a process of obtaining participants reactions to the researcher's interpretations, was considered to assist in the establishment of credibility (Polit & Beck, 2012). The cautions of Thorne and Darbyshire (2005) in labeling member checking as "part of a mutual

stroking ritual that satisfies the agendas of both researcher and researched" were duly noted (p. 1110). Member checking was performed by bringing preliminary themes and conceptualizations based on all study participants, instead of raw data from each individual transcript, to two strategically selected study participants, as suggested in Thorne, Reimer-Kirkham, and MacDonald-Emes' (1997) proposal of interpretive description. These participants were selected based on their ability to provide rich, well articulated, descriptive data, and also for the varied experiences between them. Ultimately in the discussion of scientific quality:

A caring discipline such as nursing has a special obligation to ensure that the rigor of its research findings are above reproach. While our inherent appreciation for subjectivity can be a tremendous asset in our practice as well as our science, we cannot fulfill our social mandate on the basis of a scholarship that ignores objectivity and competing truth claims. (Thorne, et al., p. 176)

Limitations

There were several limitations to this project. First, the sample size of ten participants was relatively small even though it fell in the mid-range of the recruitment goal of eight to twelve participants. Also, eight to twelve is a typical sample size for a small-scale interpretive description, and the data yielded a rich description. Polit and Beck (2012) suggested "data saturation" as the guiding principle in determining sample size (p. 521). The authors suggested that novice researchers test data saturation by conducting one or two interviews following perceived data saturation "to ensure no new information emerges" (Polit & Beck, p. 522). The themes were largely developed, albeit unorganized, after the completion of the seventh interview. The data obtained from the final three interviews fit within the common themes and assisted in the organization and clarification of the final themes and analytic framework. At this

point, it was decided in consultation with the project supervisor to close recruitment. The main factors contributing to this decision were the manageability of the data, the final three participants contributed some of the richest data, and the final interviews largely affirmed previous notions.

The representativeness of the sample is another limitation of this study. Polit and Beck (2012) wrote, "The aim of most qualitative studies is to discover *meaning* and to uncover multiple realities, not to generalize to a target population" (p. 515). However, generalizability is still an important attribute of qualitative studies. All but one study participant self-identified as Caucasian, limiting the ethnic diversity of the sample. Six of the ten participants reported to be associated with a Christian religion. Five of these six regularly attended church. According to Statistics Canada's (2011) National Household Survey, of males aged 25-54 years, 62% self-identified as a Christian, so perhaps the seemingly overrepresentation of those associated with the Christian religion is in fact not so. Participants also seemed fairly traditional in their views related to gender roles; it was normative for the woman to stay at home while the man returned to work. This could also be in part due to the study's inclusion criteria, men who are married or common-law with the child's mother. Alternatively, this may be a common view held by various Canadian fathers or a reality advanced by common practices related to parental leave. Purposive sampling was also enacted near the end of the study to enhance generalizability by selecting participants who did not self-identify as a Christian and who were from larger metropolitan centers, who may be less traditional in their gender roles. Demographic data can be found in Table 1 to assist the reader in assessing the generalizability of study findings.

Several other limitations exist in relation to methods of data collection. During the debrief portion of the interview, one of the participants suggested that it may have been helpful

to have access to the questions prior to meeting for the interview. This participant also stated that he may have "*over thought the questions*" if he had access to them at an earlier time. Perhaps more time with the interview guide could have contributed to more meaningful engagement with the questions. Another limitation related to data collection is that data was simply collected from fathers. It may have enriched the data to also discuss the postpartum period with mothers to gather a better insight into family and relational dynamics.

Finally, with any research project, the researcher may be a limitation. As a novice researcher I have limited experience in conducting formal interviews. Although I interact with new fathers and their families regularly at work I have only conducted one formal interview prior to study commencement. The expertise that comes with time and practice may have been lacking (Polit & Beck, 2012). Verbatim transcription of the interviews allowed me to improve my interview skills as I reviewed my responses, cues, and most importantly silent spaces.

Chapter Summary

This chapter presented the research design for this project investigating the perceptions and experiences of first-time Canadian fathers during the postpartum period. Thorne's (2008) qualitative methodology of interpretive description was deemed best suited to obtain this information for both a meaningful understanding and a nursing-focused, practical application of study findings. Ethical approval was received from Trinity Western University's Research Ethics Board, after which recruitment was initiated to enroll ten first-time fathers to participate in this study. After informed consent was obtained, interviews were conducted face-to-face or via telephone using an interview guide. An initial codebook was developed in consult with the project supervisor after reviewing the first two transcripts. Adjustments were made to the codebook throughout the coding process, and all interviews were coded using the final version of

the codebook and NVivo 10™ software. Time was spent immersing in the data through verbatim transcription, reading and re-reading of the transcripts. Several thematic frameworks were tried on the data and discussed with the thesis supervisor until one had an obvious fit that explained both the explicit and the subtle perceptions and experiences of the postpartum period for first-time fathers. Measures taken to ensure scientific quality, including space triangulation and a reflexive research diary, were also presented. Despite various efforts made to ensure scientific quality, limitations to this project were also noted, including small sample size, concerns related to generalizability of study findings, myself as novice researcher, and limits in data collection methods. The subsequent chapter will present the study findings resulting from the reported research design.

CHAPTER FOUR: FINDINGS

The purpose of this thesis was to garner a meaningful understanding of the perceptions and experiences of the postpartum period for first-time Canadian fathers to better equip nurses and other healthcare professionals to provide worthwhile support during this imperative transition. Data analysis, including time spent reading and re-reading the ten transcripts, the creation of codes, sub-codes, and thematic analysis revealed the overarching theme of the postpartum period for Canadian fathers as the post-expectant period. This overarching theme depicts how first-time fathers attempted to manage the expectations placed on them as new fathers during a period that cannot be known until experienced. It portrays the fathers' struggle between what is expected of them, what they expect of themselves, and the inability to anticipate what reality as a father would be. The three categorical themes of baby as an *unanticipated*, powerful motivator, *uncontested*, gendered roles and responsibilities, and fathers as *unacknowledged* by healthcare services colored first-time fathers' transition during the postpartum period. The physical elements of fatherhood, including fatigue and the profound nature of holding their infants, alongside the influence of societal expectations contributed to the concepts of embodiment and expectations during the post-expectant period. Refer to the provided schematic diagram for a visual depiction of the categorical themes and overarching theme (see Figure 1, p. 45).

The first theme of Baby as an *Unanticipated*, Powerful Motivator refers to the impactful moment of birth, when the fathers in this study held and experienced their newborn. It was in the moments spent holding and interacting with their child that the reality of fatherhood was first experienced and that any previous expectations, known or unknown, were faced with reality. The baby acted as a motivator for fathers to be intentional with their time and energy. The second

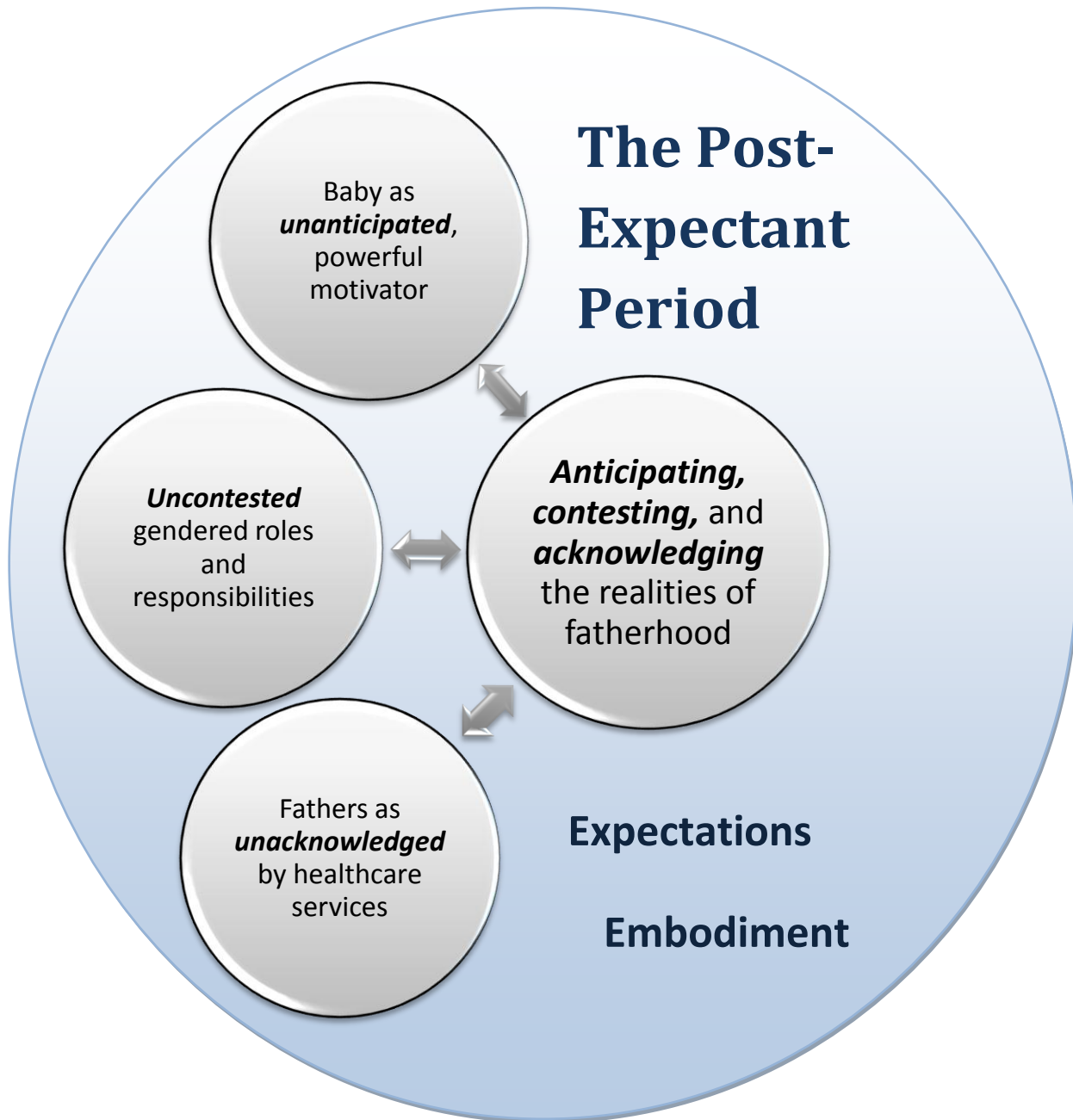


Figure 1: The Post-Expectant Period Thematic Design

theme of *Uncontested* Gendered Roles and Responsibilities refers to men's enactment of their conventional roles, particularly as financial provider. Work was unquestioned as a primary responsibility and took time away from the fathers' enactment of a caregiver role with their infant. The expectation of mother as nurturer was also evident; she was the one who carried the baby, fed the baby, and stayed home with the baby. Consequently, the fathers perceived themselves as secondary and a supporter to the wife during the postpartum period. First-time fathers expected to support their partners and as a result failed to anticipate personal support requirements. The third theme of Fathers as *Unacknowledged* by Healthcare Services reinforces the fathers self-perceived nature as secondary. Overall fathers had limited interactions with healthcare professionals as the maternal nature of the birth was perceived as obvious. As a result, fathers felt the peripheral nature of their experience was expected and somehow equitable. The concepts of expectations and embodiment further assist in describing the post-expectant period for first-time fathers. Embodiment portrays the intense physicality of fatherhood as well as the impactful nature of social and historical norms on fathers' transition into parenthood. Cumulatively, the three themes and two main concepts depict how expectations colored first-time fathers' postpartum perceptions and experiences, contributing to the overarching theme of post-expectant period. See Figure 1 for a schematic diagram of the themes and overarching theme. This chapter will begin with a brief description of the overarching theme, followed with a presentation of the three categorical themes. Finally, a summary of key findings will conclude this chapter.

Managing in the Post-Expectant Period: Transitioning to Fatherhood

The postpartum period for first-time Canadian fathers came to be seen as the post-expectant period. The experiences of fathers during this period were notably shaped by varying expectations. Some of these expectations were of a personal nature involving how the individual father expected to

experience the postpartum period. This was influenced by the numerous stories fathers were told, the nearby young families they interacted with, and perceptions of self. Thus, some fathers expected to be more involved in childcare activities than others. Overall the data depicted the reality that first-time fathers were unable to prepare for fatherhood. This was because of their inability to anticipate what fatherhood, something they had never personally experienced, would be like. Even with the stories they had heard, each experience and each child was unique. Notwithstanding of their various personal expectations, once the child was born these preconceived notions were dispelled. Whatever first-time fathers expected, it either took place differently, did not take place at all, or was simply beyond their imaginative capacity during the expectant phase of pregnancy.

While personal expectations and realities contributed to the idea of the post-expectant period, external expectations had a far more encompassing impact on first-time fathers. Traditional gender norms of father as provider and mother as caregiver that appeared to go unquestioned, created certain expectations for fathers during the postpartum period. These were magnified by the mother's physical enactment of pregnancy, a process she clearly embodied while the father was expected to support her. These expectations influenced the roles fathers perceived for themselves and consequently how they managed the various role transitions during the postpartum period. This was evident in the fathers' self-perception as the support to the mother, which continued in the postnatal period. The mother was the caregiver and therefore the primary parent. With this presupposition, the majority of first-time fathers expected to be secondary.

In some ways, fathers were conditioned to be secondary by the various expectations throughout pregnancy, childbirth and the postpartum period. This message was further emphasized by healthcare services labeled as "maternity" and the societal norms of the mother taking the parental leave. Notably, none of the participants perceived their secondary place in the perinatal period as a negative component to their transition. They genuinely expected to be a support to the mother, to be more peripheral during the process, and to be less central during their interactions with healthcare

services. This contentment with their secondary nature depicted not their lack of desire to be good fathers but instead their conditioning of their secondary nature and their desire to support their family in the expected manner. It also illuminates why first-time fathers perceived their reception of healthcare services as maternal, yet equitable.

The influences of expectations, whether acknowledged or not by first-time fathers, deemed the postpartum period as a post-expectant period in which they attempted to manage and fulfill numerous expectations for fatherhood. Expectations of both an internal and external nature colored first-time fathers perceptions and experiences during the postpartum period. The management of these assorted expectations for fathers was complicated by the reality that fatherhood was a transition they were unable to prepare for or fully conceptualize until the moment it arrived.

Baby as an *Unanticipated*, Powerful Motivator

The moment the baby was born was the moment fatherhood transitioned from purely an expectation to a reality. During the pregnancy fathers anticipated what fatherhood would be like. Yet reflecting back on what their anticipated reality was actually like, they noted their inability to fully conceptualize what fatherhood would be like and the reality that "*nothing prepares you for this*" (Hank). Andy noted, "*I don't have the capacity or the fortitude to have it all figured out.*" This notion of being unable to plan or know what fatherhood would be like was acknowledged during the prenatal period, but it was more fully realized during the post-expectant period.

The massiveness of the change, the impactful nature of becoming a father became apparent once the child was born. Fathers described the birth of their child as "*unbelievable*," "*overwhelming*," and "*captivat[ing]*." Jay shared the powerful nature of his birth experience in relation to his transition into fatherhood:

*Until he was actually born for me was hard. My wife would ask, "Are you excited? Are you ready for this?" For me, and for I don't know, maybe most males, **nothing had really***

changed yet for me personally, physically, until he was born. I would say, "Oh yah, I'm excited," but you don't really know what to expect ... Up until that point there's nothing that's really changed other than maybe you have a crib and a baby's room in your house. But once he was born I think that's when the switch flicks on. Alright. Here we go. This is it. (Jay)

For some fathers, the love for their child was instantaneous, often followed by a desire to protect this small baby. For other fathers, the birth was more of a shock than an overwhelming love. Still for others, it was shocking coupled with love. Fraser shared, *"When she came out like I just burst into tears. I had no idea I was gonna do that. I wasn't planning to. I didn't think it would affect me like that."* Whatever the experience, the birth was experienced as a reality check, the moment their preconceived expectations were met with reality.

Motivated to Learn

Once the baby was born fathers gained motivation to learn. Several first-time fathers acknowledged their lack of motivation to learn during the prenatal period. Andy noted his best intentions to learn about baby care and breastfeeding once he found out they were expecting, but it wasn't until the due date came and went and labor pains began that *"the motivation was there to dig into the material."* Louis shared similar sentiments, *"I knew next to nothing. I always assumed that as soon as I found out I was going to be a dad that I would be super motivated to go and read a bunch. But I wasn't. (Laughs)"* Contrary to this, Niles noted the large amount of research he did prior to the birth of his child and the added measure of preparedness this provided him.

Fathers repeatedly discussed the reality of learning as you go during the postpartum period. This was perceived as a functional coping tactic, yet also a necessity. While the baby

served as a motivator to learn, there was also a pragmatic element to simply not being able to foresee or prepare for what was coming until it arrived. The inability to anticipate what fatherhood would be like seemingly served as a barrier to learn prior to the birth of their baby. For some fathers, their lack of learning during the pregnancy was affirmed by the unpredictable reality after the birth of their child. Fraser said, "*No amount of information can prepare you though.*" Many participants seemingly did not regret their lack of involvement in learning prior to the birth of their child. For those that did it was more because their spouse failed to perceive them as supportive during the prenatal period.

Retrospectively, participants noted how they were unable to prepare for fatherhood. This was an experience they could never have anticipated until they experienced it and also an experience that was unique for everyone. Andy shared:

*Anybody can say anything there versus hearing all the different experiences. I think there's been sort of a spectrum too ... You hear everybody's extreme version of things, and then **to have your own experience**. And a number of different people would preface what they were saying with, "You know, that's our experience, but, it might not be like that for you guys" or "It could be totally different." So I think I knew it was going to be unique in a way. **Certain things are predictable, but it's very unique as well. I think that kind of freed me up to be like... This is going to go down how it's going to go down.***

Experiential learning was a necessity, and acknowledging this as a reality alleviated some of the anxiety. There was a certain degree of comfort in accepting the unpredictability of life with a newborn. Jay stated, "*I think that as far as knowledge or information, I think you just really have to kind of try and parent your own child as best as you can see fit at that time being.*"

The postpartum period was imbued with constant learning and constant change. The reality of having a baby, of experiencing their own unique postpartum period, encouraged experiential learning. Discovering the uniqueness of their infant, learning how to read their cues and determine what worked for them was key to experiential learning. Dan shared of his growing confidence in learning about his infant, "*Cause once you get to know the baby or now that I know our daughter for four months now, once she starts crying I know exactly what's wrong with her.*" Jay shared about the challenges of learning alongside constant change:

I think you start to pick up on things, and you are getting ahead of the game. You have figured out maybe what a certain cry means, or why they're up in the middle of the night, or what they might need. But they change so quickly that I don't feel they always stay the same for long enough to key in on any one particular thing. Because just when you think you might have figured something out, and sometimes you do figure it out, but then it changes so fast, you gotta start all over again for whatever the need might be again.

The reality of constant change encouraged continued learning. Further, it prevented fathers from becoming stagnant or labelling themselves as professional parents. When asked to provide advice for future fathers Louis stated, "*I mean I feel like I'm just very much still learning so it's hard to speak from a position of wisdom.*" In regards to experiential knowledge, Dan shared, "*Everyday it's something new I guess is kind of the way that I'd take it. There's probably every day I learn twice as much as I knew the day before.*"

The importance of experiential learning coupled with the overall lack of motivation to learn during pregnancy begs the merit of prenatal education. Seven of the ten participants attended antenatal classes. For those that attended, the classes were seen as helpful to some and not to others. Several fathers who attended antenatal classes noted some of the benefits of

learning the basics of baby care. Evan noted the knowledge he gained through prenatal class "*would be the most valuable.*" Andy shared of a mixed experience, of gaining some knowledge through antenatal classes, but being unable to grasp "*the big picture.*" Contrary to this, Carl shared, "*Whatever they tell you in the prenatal class doesn't always happen. It doesn't go as planned. If you have a plan it probably will not happen.*" This captured the requisite of being flexible during the transition to fatherhood and the inability to prepare until the baby was born.

The importance of continued learning was affirmed by fathers' reports of being unable to prepare for fatherhood, even as they were going through it. Some fathers felt prepared for becoming a father, others reported sentiments of being blindly prepared, while still others said they were not prepared at all. Yet the vast majority of study participants, independent of their level of reported preparedness, were unable to identify how to better prepare themselves for fatherhood. It was simply perceived as a transition you could never be fully prepared for until you experienced it. It was both necessary and advantageous to engage in experiential learning. Fraser offered this piece of advice to prospective fathers, "*Just love them both. And just learn as you go. Don't be afraid to ask questions.*"

Motivated to Care

The baby also served as a motivator to enact the role of caregiver. The research data clearly portrayed first-time fathers' desire to be involved in the lives of their new children. Fathers spoke of the joy and fulfillment in holding their newborn, in soothing their crying baby, and in being influential in the life of their child. The physical element of holding their child solidified their bond. Irrespective of their experience with infants prior to becoming a father, every father came to love their infant. For some, like Niles, they fell "*in love instantly.*" For others, like Louis, there was a greater struggle to form a positive relationship with their infant.

For all, there was an intensely physical and a resultant emotional element to this care that bonded them to their babies.

The impactful nature of the birth was magnified by holding the baby. Numerous fathers shared about the moment their baby was first placed in their arms:

*And then it was I think, **holding our son** for the first time, in the early times. I remember now just looking at him and being like this is him. **I didn't expect to be so captivated and drawn right away, and getting to hold him.*** (Andy)

*I remember holding him while they were stitching my wife back up. You are **awestruck** a little bit **cause you're holding your child**. He was quiet. He was sleeping in my arms right away. It was a moment where you just try and soak it all in because, especially with your first, **you've never experienced anything like that**. I guess it's slightly life changing because that's the moment where you're like, "Alright. You're my child. And I'm gonna have to do whatever I can to make sure that you're alright." (Jay)*

These first physical interactions spurred a deeply emotional response. Louis shared:

***When she's crying and you hold her up to you** and she's a newborn and she can feel the warmth of your skin and she can hear the heartbeat and she can feel your slow breathing and it just calms her down and she falls asleep. That's a very gratifying experience, to specifically to do some things for someone else that they don't even know that they need. They really need you. So that **feels like a privilege** as well.*

His ability to physically calm his child instilled a sense of honor in his role as a father. For Hank, he reflected back on those moments immediately following birth with chagrin. He said:

I don't think I enjoyed that time as much as I should have. Basically my wife held him there. And I was just so exhausted I was just sitting in the chair. I was tired. But I guess if I was more comfortable I could have been looking at him a little more. I don't know.

This lack of physical contact displays the importance of holding the baby. For those that engaged in holding their child immediately after birth, the memories were recollected with deep fondness and love. Yet, the fatigue resulting from labor and the lack of physical contact and engagement, failed to inspire Hank's recollections of those moments with the same level of clarity and fondness.

Fatigue resulting from labor and delivery continued into the postpartum period for many study participants. This physical response to having a newborn contributed to the embodied nature of fatherhood. Andy described fatherhood as "*Tiring, but good.*" Similarly Dan shared, "*It's tiring. It's exhausting.*" Hank reminisced about the first week at home: "*The first week, that was hard. That was no sleep.*" Fatigue was complicated by the return to work. Niles explained:

The sleep factor. I don't sleep as much now. So I tend to be a little more tired at work. I've had a discussion about when she's feeding the baby to do it in another room and try not to wake me up. I don't mind getting up in the evenings or at midnight on weekends, but on my days of work I need to be well rested to be able to perform my duties.

Similarly, Hank shared of being "*exhausted...And then you get up at five or six o'clock in the morning and go to work and come home.*" Fathers described fatigue as physically impacting their ability to cope and communicate effectively. Louis shared, "*Doing that all while you're tired. It's hard to work as a team when you're tired and so diminished. So much more irritable and so much less capacity to work it out.*" The fatigue resultant of caring for a newborn in the postpartum period depicted the physical element of an embodied fatherhood.

When fathers were asked to share a story that encapsulated what life had been like since the birth of their child, they often centered around the physical elements of caring for and interacting with their child, further contributing to the notion of an embodied fatherhood. If the moment of birth formed fatherhood as a reality, the moment the baby smiled congealed this reality. Louis' honesty depicted this reality:

She's at the point now where she smiles at us. That was a big turning point for me.

*Initially I mostly only got her when she was crying for a while and had worn everyone else out or worn my wife out. I got to take a stab at it. And she'd be kicking and scratching and screaming in my ear and punching me in the throat and all these things. I was just like, "Gosh." To be perfectly honest it was a little bit of a struggle to like her for a little while. (Laughs) **And then when she started smiling at you then it was, "Oh.***

There's a nice little positive interaction."

This positive acknowledgement from their infant served to strengthen their desire to care for their child. Stories of fatherhood depicted intentional acts of care. These were the unexpected moments, when fathers surprised themselves in their natural ability to care for their infant.

Whereas some of them expected life to change drastically, and in some ways it did, they were surprised by their own, natural ability to enact a caregiving role. Andy shared these sentiments:

*It's so big and so decisive and definitive in your life, but it is also more **natural** than I ever thought. I mean, **fatherly** and **parental**; it feels far more natural and old hat in certain ways than I ever thought it would. And so there is a lot of learning, steep learning curve, but at the same time, **it fits like a glove**. This is totally normal.*

Similarly, Ben shared concerning the ease of his ability to care for his daughter:

*It was much easier. Before she came, I told my wife, "I don't do diapers. I don't do puke. I'm not doing that." And then when we were at the hospital, cause she lost a lot of blood, I changed all the diapers until we left the hospital. She never had changed one diaper. And I was ok. And then, she spits on me or whatever, I don't, you don't mind. **It's just a change once it's your kid.** You don't mind that stuff. I don't love it, but I don't mind that she spits.*

Whether by circumstance or desire, these moments of care encouraged fathers to enact their role as caregiver. The reality and satisfaction of caring for their children inspired them to continue in these acts. The manner in which first-time fathers shared these intimate moments clearly depicted their genuine privilege of being a father. Positive acknowledgement, whether it be from smiles or a soothed baby, instilled a sense of pride. In this way, these forms of acknowledgement motivated fathers to continue caring for their child.

Some of the most intimate stories and moments of care occurred during the immediate postpartum period. At times circumstances surrounding the birth prohibited the wife from providing the majority of the physical care for the baby. For example, Ben's wife had a substantial postpartum hemorrhage, and because of this, he took on the task of changing all the diapers, despite his preconceived expectations. Two participants noted significant struggles with breastfeeding that required supplementation. The manner in which they shared these experiences clearly depicted how their ability to care for and provide nourishment for their infants in a physical manner really drew them into the role of a nurturing father, instilling a sense of pride in their ability to care for their child. Louis shared of his experiences supplementing with donor milk:

A story. I'm sure I could think of something that captures all those varying elements.

*(Pause) The first thing that comes to mind is when we were in the hospital before my wife's milk had come in. My daughter was ten days late. She was fairly big; she was not small. She was 8 pounds 11 ounces, so colostrum was just not doing it for her. One of the nice things about being in the hospital is they have all the donor milk readily available. So we decided to start feeding her that. They recommended that the dad is the one that feeds her because sometimes they don't take it very easily if they smell mom. I would feed it to her by having her suck on my pinky finger and just squirt it a couple drops at a time with the syringe. It would take thirty minutes to do a feeding. But it was fun. **Cause it was a job that I was the best one for.** That was a nice time for us. I was the one that fed her and held her so much, because my wife hemorrhaged. So she lost quite a bit of blood and was in bed for a week in the hospital after she was born. So I did a lot for the soothing and the holding and the walking. That was a really fun time because I had never really held a baby before ... That was fun because it was also, first when we got home, **when she would start fussing, no one was as good as soothing her as I was. So I was really proud of that.** That ended as we know a couple days later. So it was a brief (laughs), a **brief window of being special. But one that I'll remember.***

This story depicts the pride of a father, but it is also colored by gendered expectations. Because of unforeseen circumstances, Louis became the primary caregiver immediately following delivery. Yet, as will be discussed in the following themes, circumstances and expected gender roles prohibited fathers from enacting their role as caregiver despite their initial motivations.

Motivated to Improve Self

The motivation of first-time fathers to care for their child rippled to inspire motivation for several fathers to better themselves. They wanted to be the best they could be in order to give the best they could to their child. Evan shared of his son's motivation in his own life:

*I think that a lot of aspects I want to work on in my life that **extra encouragement of having a kid** is like. I don't really care what you think of me. I do care what he thinks of me. I want to be the kind of man that he's gonna look to and say, "That's the kind of man I want to grow up to be like."*

This process of improving himself resulted from the impactful nature of the infant. Becoming a father encouraged fathers to look beyond themselves as they came to realize the impactful nature of their role as a parent in the life of their child.

Strategies to Enact Motivational Changes

Embracing the role of a caretaking father was not always an easy task. While every father was unable to anticipate the level at which becoming a father would impact them, spurring a desire to care, there were challenges and losses that occurred alongside these genuine desires. Fathers were attempting to manage the pull between desires, expectations, and realities during the post-expectant period. Flexibility and intentionality were two strategies enacted to help manage the postpartum period.

Flexibility. This back and forth notion together with the inability to predict the impact of becoming a father necessitated first-time fathers need for flexibility during the postpartum period. This characteristic was mentioned more than any other. There was a noted requisite "*to go with the flow*" (Jay). Andy shared his advice to fathers-to-be: "*If there was a feeling like 'I've gotta have this whole thing figured out' I quickly realized I don't have the capacity or the*

fortitude to have it all figured out. I do have to roll with it." Flexibility was a necessary attribute in managing the expectations of fatherhood.

Intentionality. The art of being intentional during the postpartum period was a second strategy enacted to allow the father to engage in a nurturing role during the postpartum period. There was a need to be intentional with time, baby care, and in supporting their spouse. The loss of personal time and the speed at which time passed once the baby was born fueled the need to be intentional with the time the fathers had. There was a need to partition time with the spouse and the baby. Activities that were once taken for granted or happened without thought, now had to be intentionally performed. Some fathers spoke about the benefits of being intentional. Ben shared some of his experiences with intentionally helping out with baby care and household duties:

Being a dad gives you the option of being very lazy or being very proactive. Cause you can take it as, "She'll deal with it. The baby's crying, she'll deal with it. She'll feed him, do whatever. I'll just sit and relax, cause I'm tired from my day." Or you can come home and be like, "I'm tired, but her day's still going, and **how can I help?** Can I take the baby?" It's better to be the latter than the former. (Laughs)

Other first-time fathers spoke of how they wished they had been more intentional or how they were working on being more intentional. Dan shared:

There are a lot of responsibilities that I would like to do, not because I have the time or the resources to do it. It's more cause I want to. I want to be a part of that, a part of her life - changing diapers and feeding her and stuff like that. I might go and work a twelve hour shift or a fourteen hour shift, but at the end of the day I still want to come home and do that for her. I might be exhausted, but I'd still like to say that when I'm looking back

on this time ten years from now, I'd like to say that I'd still be able to do that for my child.

Do the kind of basic things.

Fathers were unexpectedly motivated by the love for their child to enact the role of caregiver.

Yet even these two quotes allude to the fathers' perception of themselves as secondary. Care of the baby is still seen primarily as the mother's responsibility whereas the father is seen as the helper, the support. While fathers are motivated to undertake tasks of a caregiver, they are faced with the expectations that they will work and that the mother will be the primary caretaker, leaving them as the secondary parent. These notions will be explored in the following themes.

Summary of Baby as *Unanticipated*, Powerful Motivator Theme

The theme of baby as unanticipated, powerful motivator depicts the powerful nature of birth, the resultant motivation for first-time fathers to learn, to care for their child, and to improve themselves. Fathers reported their inability to prepare for fatherhood. The intimate stories shared by first-time fathers relay the impactful nature of physical touch and care in fathers' engagement with their nurturing role. Strategies of flexibility and intentionality were enacted to allow the father to engage in a caregiver role, managing the influences of expectations and realities during the post-expectant period. The influences of gendered expectations was seen in some of the quotes and will be discussed in greater depth in the subsequent theme.

***Uncontested*, Gendered Roles and Responsibilities**

The substantial impact of traditional, gendered expectations was an apparent reality for first-time fathers during the postpartum period. The expected roles for fathers and mothers held great sway during this transition into parenthood. Whereas the baby was an unanticipated impact, the expectations set by gendered norms were rarely questioned. The father was expected to work, enacting the provider role. The mother was expected to stay home, enacting the caregiver role.

While there were varying degrees among study participants as to how strictly they held to these gendered norms, overall, the mother became the primary parent and so the father perceived himself as the secondary, supportive parent. While this was vastly experienced as the reality, it was not always a simple reality to manage.

Father as the Primary Provider

The expectation that the father's primary responsibility was to provide financially for the family was evident. This expected responsibility came through in the choices families made related to parental leave, the amount of time first-time fathers took off of work, comments made by fathers regarding the unquestioned responsibility to work, and simply in their fulfillment of this expectation. While working was a clear expectation, many first-time fathers discussed their struggle in maintaining a balance between work and home life. Time fathers put in at work naturally took away from the time they spent with their new family at home. Several fathers also noted the need to be there for their families for more than financial support.

The expectation to work demonstrated its influence for several first-time fathers during pregnancy. Fathers were often unable to attend the prenatal appointments due to their work schedules. Dan shared about how his busy work schedule prevented him from attending prenatal classes. Evan disclosed how he creatively called into the midwife appointment, listening in on a headset while he worked. His story was followed by the comment, "*And the reality is I gotta work.*" The expectation that their primary responsibility was to work was demonstrated in fathers choosing work over prenatal appointments and was also emphasized by fathers failing to see the need for them to attend prenatal appointments. Andy shared, "*Admittedly, I didn't see the need for me.*" Physically and traditionally it was the mother's responsibility and therefore she was the one who was required to attend the appointments.

When the baby was born, the traditional enactment of gender roles was made evident by families' decisions regarding who would take the parental leave. For all but one study participant, the mother took the entirety of the parental leave. Louis took one month of the government allotted parental leave initially, alongside his wife. Study participants took anywhere from two days to one month off, with a mean of 1.8 weeks.

One participant discussed his decision to be a stay-at-home dad after his wife was "*done her mat leave*" (Hank). He noted the reality that for the first year she was the natural caregiver as she physically breastfeeds the baby and also the need for at least one of them to work to provide for the family. When discussing this decision, he clearly demonstrated his pull to work and also his desire to spend time influencing the life of his child. Hank shared about determining how to be able to remain current with his work capabilities while staying at home with his son:

There's something to keeping your mind going. You can't spend 24-7 with a one-year-old. You need some kind of [mental stimulation], especially if you want to go back to the work force in five years when they go to elementary school. "What did you do for the last five years?" "Oh I just hung at home with my kid." "Ok. That's great. Do you know how to do anything anymore? Technology's changed." I just have to figure out how to keep my brain in the game.

Hank's struggle depicts the pull between his expected gendered responsibilities to work and his desire to be a stay at home dad. Even in his decision to step away from work after his wife's maternity leave was finished was imbued with his concerns regarding his return to work.

The time taken off of work and spent at home immediately following the birth was perceived as a precious window of time. Hank reminisced, "*I really enjoyed the first two weeks especially because I got to be at home the whole time. I didn't have any work to take care of.*"

Didn't worry about anything." Two fathers expressed their regret at not taking more time off initially. Many stories were shared during these few days to weeks at home where the fathers were more involved in the baby care tasks. As was shared earlier, Louis told of his "*brief window of being special*" when he took on the primary responsibility for the baby care in the immediate postpartum period. His fondness of this time came through clearly and emotionally during the interview.

The initial enjoyment of the time free from work responsibilities was dampened by first-time fathers' fulfillment of the expectation to return to work. Hank spoke of his struggles in managing his various mantles of responsibility upon returning to work:

***I think that's hardest.** I work full time during the day and then trying to run the household finances and all the administration of my business. All of that wound up and doing that all myself and then **wanting to have time to spend with my son.** Right now, it's too much. I'm trying to figure that out, how to dial it back. I haven't figured that out yet.*

Later in his interview Hank advises other fathers to "*take at least, definitely take your two weeks off if you can.*" Carl also spoke of his challenges in balancing work and home life: "*I'm worried more about working and supporting them. So I try and work more, but not too much because my wife needs me at home obviously.*" There was a clear strain for fathers to manage their various responsibilities in and outside the home.

As fathers returned to work, the time allotted for engagement with their infant lessened and for this reason their enactment of the caregiver role became a secondary responsibility. For Louis, the initial distinctive time with his daughter was put into check by the reality of returning to work and his wife taking over the baby care responsibilities. His story continued to depict how she became more adept at consoling the baby; she was the one who had the time to spend with

their daughter, to research novel care strategies and to get to know her. Ultimately, she became the primary caregiver for their daughter while Louis enacted his primary role as provider. Dan explained it this way, "*You know I'm the one who's working and she's the stay-at-home mom, so it makes sense that she takes on most of the responsibilities, especially at night.*" Because the father needed to be responsible at work, the wife primarily managed the responsibilities at home. A similar reality was expressed by Niles:

*We both play a part in doing what we need to do. She pumps breast milk so Saturday morning, Sunday morning, I'll feed the baby so she can get some extra sleep. So we share a lot of the responsibilities. Like I said it's just **the fact that I need to work** that I don't do that.*

Niles was very intentional with his time with his daughter, but work prohibited him from being the primary caregiver. As fathers returned to work they spent less time with their infants and returned to their role of financial provider. The result of fathers fulfilling their responsibilities to work prevented them from fully experiencing the caregiver reality in the same way the mothers did. Several fathers noted that not much in their post-expectant reality had changed. Ben's comment validates this:

*In a way **most of my day to day isn't that much different** cause I'm at work or I'm sleeping through the night. I only get to see her during the week for a few hours before she goes to bed.*

The expectation to work was simply seen as an unquestioned reality. As Fraser stated, "*I have to go to work.*"

Several fathers spoke of the benefits of consideration and flexibility in their work arrangements. These elements were beneficial in first-time fathers' attempts to maintain a balance between work and family. Andy said,

*I am very fortunate to have a good working environment where my colleagues recognize... Knowing I'm a new dad. So there's been a lot of **flexibility** there. I know that's my situation. That's not everybody's. I've been fortunate. It's been a huge shift of partitioning, really **being intentional about work at work and home. But it's not an obligation. I want to.***

Andy was motivated to enact the caregiver role and his supportive work environment assisted him in this endeavor. Niles also shared how his work provided a flexible work schedule and permitted him to take a month off of work. He also expressed a sense of chagrin in deciding to only take two weeks as opposed to the permitted four. Jay was able to cut down on his side jobs to be able to spend more time at home. Fraser spoke about the benefits of working close to home, taking longer lunch breaks, and having the flexibility to start a little bit later if his wife needed help in the morning. Despite these benefits, he shared, *"Sometimes it's hard to balance that, my work responsibilities and taking care of my family."*

The transition to fatherhood is imbued with balancing the new responsibilities of caring for a child with the previous responsibilities of working and providing financially for the family. Significantly, none of the fathers spoke of their new child as a burden even though the infant was associated with losses of freedom and personal time. Instead first-time fathers noted the importance of putting in effort to balance these roles in order to be there to support their wife and child, despite the increased demands and loss of time. Fraser's quote alludes to his sense of responsibility in caring for his family, and not just in providing for them. Jay also said,

*Obviously as much as your job is important to provide and support your family, it's just as important to **be there for your family** and support them physically and emotionally there at that time.*

First-time fathers did not equate caring for their family with providing financially for them.

While fathers enacted their primary responsibility to work, they also felt a sense of responsibility to spend time with and care for their new families. Even though the expectation to work was accepted, it was unexpectedly confronted by their powerful motivation to care for their child during the post-expectant period. The challenge for first-time fathers arose in managing the expected demands and unanticipated desires during the postpartum period.

Mother as the Primary Caregiver

This sub-theme relates to the expectation of mother as nurturer and primary caregiver. While fathers were expected to work, mothers were expected to enact the caregiver role. This expectation burgeons during pregnancy, when the mother physically carries and grows the baby. During the postpartum period, this expectation of the mother as the one who will care for the baby is fuelled by the reality of the father returning to work and the mother staying at home on maternity leave, looking after the child. Breastfeeding also reinforces this reality as the mother now physically feeds, and continues to nourish the baby.

During the pregnancy, or the expectant period, the foundation for the wife as the primary parent is made apparent. The mother embodies parenthood. The father was "*along for the ride*" (Andy). The mother was generally the primary source of knowledge and expertise related to the child during the antepartum period. Dan recalled his acquisition of knowledge during his wife's pregnancy: "*It was mostly, it was 100% through my wife. (Laughs) Everything was channeled through her when it came to me, which was good cause she's been a really good filter.*"

However, not all fathers left the research role to their spouse. Niles felt confident in his knowledge heading into fatherhood. Interestingly, when probed about topics he had researched he shared:

The research is more what programs can I get her in, when's the best time to put her in swimming lessons. Applying for child tax credit. How to open up an RESP. I also made a little time capsule for her. Put in all the little trinkets of the hospital and a newspaper article. It was more that type of research rather than how to take care of a baby.

He further explicated that his experiences on a farm, caring for animals, gave him confidence in caring for a baby. Expectations related to attendance at prenatal appointments also enforced the mother's primary nature during the pregnancy. This will be discussed in further detail in the final theme related to healthcare services.

Expectations related to gendered norms came through comments or unquestioned assumptions made during the interviews. First-time fathers relayed that the mother was the natural choice for a primary parent whereas the father was the natural provider. Interestingly, two nearly identical comments, minus the primary subject, alluded to incredibly different meanings. Fraser said of his wife, *"I think she just knew, I guess. Just a mother."* In this context the notion of being *"just a mother"* alluded to her innate ability to be a caregiver. Knowledge of how to care for a baby was instinctive for his wife; she did not even have to do any research. Hank on the other hand spoke of how he was *"just the dad"* and how his wife, *"she's kind of got the knack."* During the interview this comment clearly depicted his peripheral role during the pregnancy and labor experience; he expected to be less important. Carl shared of his ability to assist his wife, the primary parent, saying, *"I just changed as many diapers as I could. Helped out with whatever I could. Cause really there's only so much I can do."*

It was primarily through unforeseen, challenging circumstances that gendered expectations during the postpartum period were confronted. Some fathers had wives who were unable to care for their infants because of an arduous delivery or postpartum complications. Both Ben and Louis shared of their initial enactment of the caregiver role as their wives recovered from a postpartum hemorrhage. Andy's wife had difficulty breastfeeding. As he began to experience fatherhood and become more needed by his spouse, he noted the adjustments made of his expectations:

*It was one of those things where I realized I had a bigger part to play than I thought I did before... Not in a bad way. I just always knew I was sort of, I would just joke, "I'm along for the ride here." This is fun, but **support, support, support**. That was a key. That was three days in, I realized I've got a big part to play here.*

Andy clearly depicts his expectation to be a support to his wife, to be outside the primary focus. Yet when his wife was struggling and he was required to step in and make some of the decisions his perspective of his role in relation to his child and spouse was somewhat altered. There was a sense of self-acknowledgement in which Andy saw himself as more than simply a support person. He saw himself as a key player in the parenthood sphere. Despite this change in perspective, the expectations related to gendered roles and the reality of returning to work affirmed traditional roles of mother as nurturer and father as provider.

Father as the Secondary, Less Supported Parent

If the mother was the primary caregiver, then the father was consequently the secondary parent whose primary role was to support the mother. This self-perception as supporter precedes first-time fathers' expectation that they will not require support. Fathers perceptions of their role was clearly to support their spouse as her life changed substantially. The manner in which fathers

spoke of support affirmed their anticipated reality as the support person and the overall lack of acknowledgement of their individual support needs.

The reality of the ingrained expectation for first-time fathers to be the supporter instead of the supported became very evident when they were questioned about how they received support during the postpartum period. Every participant answered this question in relation to how the family unit was supported with household tasks and baby care. Whether it was someone to help their wife care for the baby while he was at work, a church community pitching in to provide meals, or a mother-in-law willing to spend the night, support was viewed in terms of assisting the wife and the household. Carl shared, *"My wife's mom helped out a lot. When I went back to work she came over the first couple of days. She was there all day helping my wife with everything, which was really good. She needed it."* In other words, support was viewed as helping the father support his spouse. First-time fathers did not initially envision support for themselves on a personal level.

It was not until later interviews were conducted with an added question to probe for supports specific to the father himself that participants provided some insight into personal supports. Yet this was a question participants generally struggled to answer. They seemed genuinely confounded by it. It was as if first-time fathers could not conceive how they could require support because they were the ones meant to do the supporting. They had virtually no expectations related to personal support systems as they perceived the wife as the primary parent undergoing the transition on a more holistic level. She was therefore the one who required the support. Fraser shared:

Do I feel like I'm supporting her more? Sometimes, but that sounds selfish to say. That's the way it is though, right. Cause now she's home with our daughter all the time. So her

life completely changes. I still go to work every day, so in that way, my life doesn't change as much. I come home and look after my baby girl and it's lots of fun, but it is work too. It's not always easy.

Fathers maintained their primary responsibility to provide for their family, but they also acquired a new responsibility to support their wife as a primary caretaker. The wife, on maternity leave, has taken leave of her previous employment responsibilities to enable her to focus on caring for the child. Yet, first-time fathers still have difficulty conceiving of their need for personal support as they too underwent this major life transition.

Notably, fathers did not begrudge their role as supporter. It was accepted as fact. Carl shared, "Well you have to take a lot of things you used to do and don't do them as much. It's a lot more about my son and helping my wife." Many instead developed a sense of pride in supporting their spouse, in enacting their expected role during the postpartum period. Andy stated, "You're not running the show. And I was quite ok with that. Of balancing this. I'm absolutely here for my partner, and support, support, support, support." Several participants continued to advise future fathers to help their partners during the transition. For example, Jay advised other first-time fathers, "Anything you can do to make your, your wife, girlfriend, partner, happy I think is only going to benefit you in the end. And try not to think selfishly." For those who felt they may have helped out less, they reflected on their desire to help out more. Dan shared his retrospective advice to himself:

Try to help out more. Just try to help out. Try to help out the wife more as much as you can. You know you can always get sleep, you can always recharge yourself. But at the end of the day I think that's one thing that I would like to do more and I've been trying to make considerable effort to do more is helping out my wife with some of the basic day to

*day stuff. **Try to help out more is really the only thing that I'd like to say to myself.** It gets really challenging, but once you've been up with a baby throughout the entire night and you know how exhausting that feels. You realize how much of an effort mothers really put into it. I would say that that'd be my only comment to myself: **Try to help out more.** It's a tough, tough job. (Laughs)*

Ben shared of his adjusted expectations:

*I think, initially, we were like, "We're not gonna let a baby rule our lives. We are still gonna go out. We are still gonna do stuff. If she's tired she can sleep in the car seat or we will put her on somebody's bed." And then, **the reality of it is**, yes you can do that to a degree, but at the same time, it doesn't always work that way. (Laughs)... **Of course in my mind I expected that.** But I also thought it would be a little easier to put them to bed in the car seat and it's not. I don't know if it's that you can't, but if we do, then we have to transfer her, and she's gonna wake up, and we'll have to deal with that again. It's just easier to take her home. In the end we're tired too so it'd be nice to go to bed. (Laughs)*

Similarly, Jay shared of his mental adjustments during the postpartum period:

*You're not as easily able to go and do whatever you want. You're always considering what my wife, what mom feels, and how that's going to affect how our son goes about sleeping or what not. The extra trip to go to hockey, or golfing, or go out to catch up with a buddy, beer or wings or go to a hockey game doesn't happen as often. Not that it doesn't ever happen, but you have to **prioritize your time a little bit more effectively** and take into consideration more factors. Not that it's a bad thing. Cause you want to spend time with your kid as they grow up and any time you spend away is time you'll never get back.*

Jay's quote reflected many gendered norms, even in his list of recreational activities. Gendered norms of men as strong, supporters also seemed to contribute to fathers' inability to conceive of support on a personal level. Through the revised process of member checking, one participant initially contested the idea that he required support. Then he shared, "*Maybe I did struggle with not having support, now that I think about. Actually I would agree that I definitely I do need some support and don't have any.*" Gendered norms came through in his difficulty admitting that he required support. Fathers listed numerous losses and demands occurring simultaneously and yet they could not conceive support in relation to themselves until prompted to do so.

Fathers had varying experiences when it came to personal and familial support. Most commonly extended family was listed as a major support system for study participants. For those who did not live near extended family, they shared of their adjustments made to compensate for that lack of support or their resultant struggles. Jay shared how him and his wife relied a lot on each other for support, intentionally giving each other personal time free from parental responsibilities. Andy shared of the complex reality of his spouse as his primary support. He reflected on her intentionality in including him in the transition process:

*She was wearing two hats. Watching her experience it, talking through it with her, and me sort of alongside. What I appreciated was, **it would be easy for me to feel periphery to it, just naturally, like this is her experience**, but, she was really good at being like, "We are experiencing this. This is our experience." She was also curious how I was dealing with stuff, and we are experiencing it too.*

Andy then responded by being intentionally involved. His narrative spoke of acknowledging the importance of his role as a father.

There was a noted benefit in having others in "*the same life season*" in their community to relate to and to draw a sense of support from (Andy). Acknowledgement of their experiences, struggles and successes assisted first-time fathers to feel supported on a personal level. Louis shared of the affirmation he experienced from others who were able to understand their experiences:

*There's lots of young babies at our church in our community and there's been lots of people giving us a lot of attention who really know and other moms who had long labors, just crying when they hear our birth story. **We felt known throughout that process.** I would say to other dads that I hope they would get some of that too, **people that can really understand.***

Louis noted the benefits of relating to other fathers or families in the same life season. Yet, he also expressed how he "*wish[ed] for more*" new parents and "*dads also specifically*" to talk with. Evan participated in a small group with other new fathers. He stated, "*That's been pretty, pretty cool to have the opportunity to have those kinds of conversations with other guys going through similar things.*"

The importance of sharing their stories and relating to others also came through in the data collection process. Interestingly, during the interview debrief several fathers expressed gratitude at being able to talk about their experiences with someone who could understand. Some fathers noted the joy in reliving the experience. Others noted the struggles, but also acknowledged how far they had come since the birth of their child, and the encouragement found in that fact. As they recollected time passed from pregnancy, to birth, to the time of the interview, they became more cognizant of the knowledge and confidence they had gained. Niles reported the interview process as "*therapeutic.*"

Summary of *Uncontested Gendered Roles and Responsibilities* Theme

Expectations related to gendered parental roles colored first-time fathers' transition into parenthood. It was very evident that fathers were expected to work, perceived the mother as the primary parent and were primed to be secondary. They were primed to be a support to their wife and their child. It is difficult to know if this then becomes a self-fulfilling prophesy, or if it makes the reality of supporting the wife and child instead of focusing on themselves one they can more easily accept. Perhaps these expectations prevented them from more fully embracing a caregiver role, or perhaps the reality of returning to work and the primary nature of pregnancy and breastfeeding would have prevented it either way. There are various gendered expectations from various levels, including personal, marital, familial, societal and cultural, that influence first-time fathers' expectations of how they will be able to enact their role as a father.

Fathers as *Unacknowledged* by Healthcare Services

The final theme relates to the nature and frequency of fathers interactions with healthcare services and the resultant expectations related to parental roles. The limited contact with healthcare services and the concept of maternal health conditioned fathers in their secondary role. Fathers expected to be peripheral during the perinatal period and resultantly viewed their treatment as such as equitable.

Maternity Care

Expectations of being secondary were seemingly reinforced by the realities of perinatal services. A quote from Andy encapsulated a great deal in regards to the realities of first-time fathers in the maternal-child healthcare setting:

*That feeling of being **peripheral** to the whole thing. **That it's maternity, and maternal health and that's obviously so central.** I never begrudged the fact that I felt sort of*

peripheral to that process. Cause I never had a feeling like, "I want to be included." I don't know if there is a way for me, for a father, who doesn't feel like they are a part of the process or wants to be more, how to ensure that you are absolutely part of the journey? I don't know.

The terminology surrounding pregnancy and birth, of maternity and maternal-child health, portrayed to fathers their secondary nature. This depicted reality was not begrudged; it was simply expected and first-time fathers in return lived up to that expectation.

The conditioning of fathers' secondary nature was instilled during pregnancy through their lack of required attendance at prenatal appointments. Some fathers had their first interaction with a healthcare provider at the time of labor and delivery. Other fathers were more intentional about their attendance at prenatal appointments. One participant's wife had a previous miscarriage with a previous pregnancy and so he attended the earlier prenatal appointments to support her during the first trimester. Evan attended a prenatal appointment via telephone so he could fulfil his responsibilities at work. He shared his experiences with prenatal appointments:

*I thought it was important to be at some of those meetings. **I didn't need to be at all of them.** It's kind of naive to think that. I did personally [attend] to show that I was being a support, so that my wife didn't feel like she was alone in it. I needed to be at some of them. So other than that, healthcare services, we didn't have much interaction outside of that.*

Evan attended prenatal appointments to serve as a support to his wife. His notion of the naivety of attending all the prenatal appointments was explicated by his prior statement of "*The reality is cause I gotta work.*"

The majority of study participants noted their limited interactions with healthcare providers during the perinatal period. This statement was generally accompanied by the notion of

their experiences as good. Niles had a bit of a unique experience. His reports of interactions with healthcare providers centered very much around him and his wife as parents as opposed to his wife and child as a primary focus with him there as a support. Niles shared:

*We've gone for our three week, five week appointments, and we've got another one coming up - the eight week appointment. It's been very good. **We've been encouraged as new parents.** The midwives have basically said we're very relaxed and they can tell that the baby is very relaxed. Some of them thought we were actually second time parents. It's nice to hear that type of encouragement. **It's as much healthcare but it's also what they can do for the parents.***

The continual use of the pronoun "we" stands out in stark contrast to the majority of fathers who reported their hospital and follow up experiences in terms of their partner. He said affirmatively that there was nothing that could be done to improve his experiences with healthcare services.

While the thought that the experiences with healthcare services were good and nothing was needed to improve them was shared by several study participants, it was Niles inclusion of himself as central during the postpartum period that was unique. Even as he spoke about breastfeeding it was in terms of "we." He reported his "*biggest priority*" as his wife "*being able to breastfeed*." He further shared of his enactment of performing all the care activities, except for breastfeeding, to allow his wife to recover and focus on mastering that task.

Importance of Consistency and Credibility

Fathers shared a lot about the benefits of receiving professional, consistent information and care. For those participants who received such care, gratitude was expressed. Dan stated, "*I'm impressed with the level of consistency between all healthcare professionals that I've seen and the level of knowledge, understanding and compassion between all the people who I've come*

across." For those that had inconsistencies between healthcare professionals, stories of their resultant struggles were shared. Louis shared specifically of his frustrations with mixed messages related to breastfeeding:

When we were in the hospital we had some difficulty with breastfeeding. Every nursing change we'd get varying and sometimes contradictory information about philosophies of nursing. So every twelve hours you'd be like, "Oh I'm an idiot! I've been doing everything wrong!" The next twelve hours it'd be the same thing.

The importance of consistency between healthcare professionals was evident. In Louis' case, inconsistent information created sentiments of being foolish, failing to build confidence.

Fathers overall respected the roles of healthcare professionals as experts and hence reliable sources of information. They appreciated some direction and assistance in making decisions. Several fathers shared of the value in Internet access and the amount of information readily available to them. However, this was also seen as a struggle as they attempted to determine what information was reliable. Dan referred to the reality of research as a "*catch twenty-two*;" there is not enough, but there is also too much. For fathers who struggled with "*wading through all of that information*" they shared of the benefits of having a healthcare professional to turn to for clarification and advice (Louis).

Nurses were also seen as knowledgeable resources during the postpartum period. Several fathers shared about the benefits of their time spent in the hospital. For some participants they found this a valuable time for learning. Hank said, "*The nurses taught you a fair amount of things in the hospital.*" For others, what they appreciated was the security afforded by having nurses available. Fraser talked about deciding when to go home: "*They said you can go any time. And it's kind of like well... Are you guys coming with us? (Laughs).*" After discharge, several

fathers noted the continued comfort in having the Nurse Line readily available to answer any questions. Several fathers also had a point of contact with public health nurses, either through a home visit or an immunization appointment. Fraser shared of a public health nurse coming to assist his wife with breastfeeding. He noted, *"It was very helpful. I mean not for me personally, right (laughs)."* Jay noted the benefits in receiving information from the nurse about immunizations at the public health unit, as well as being able to be there to comfort his son following the painful procedure.

Fathers had varying opinions about what information they would have liked to have had prior to becoming a father. As several participants talked through their answer, they led themselves into the affirmed reality of experiential learning. The majority of fathers struggled to identify a specific knowledge item. Jay stated, *"I don't know about knowledge or information. I guess the one thing that goes they don't come with a manual."* Similarly Ben shared, *"I can't think of anything that would have helped me more."* Fraser shared his sentiments of feeling *"pretty knowledgeable already"* followed by the phrase, *"No amount of information can prepare you though."* Both Carl and Hank shared of their requested knowledge regarding how to change a diaper. Carl continued, *"Never did it ever before. What else? I didn't really know much about babies at all. It's just all new. But I guess you learn as you go."* Dan's answer provided relevant information, and again affirmed the reality of experiential learning:

*I think whenever a baby starts crying, preparing a dad for how to deal with that would be really useful. Once you get to know the baby, or now that I know our daughter for four months, once she starts crying I know exactly what's wrong with her. There's four or five things that could be potentially wrong. We'll just go through the checklist: Are you **hungry**? No. You're not hungry. Ok. Are you **sleepy**? No. Ok. Well maybe we need to*

*change your diaper. Are you cold? Are you hot? What's going on here? So those seem like they're very mundane details. Not mundane, just very **basic things to look out for**. But physically how can you tell if they're hungry? How can you tell if they're sleepy? ... I would say there's a lot of details that I'd like to have known before our daughter was born, but I think it's a lot of stuff you just **learn with experience**.*

The basics of baby care was the most commonly mentioned knowledge gap. While several fathers mentioned these fundamental skills, they also mentioned their ability, and in some cases necessity, of acquiring these skills with experience. Louis shared of his regret of not following the prenatal instructor's advice and learning more about breastfeeding, something his wife struggled with, prior to the birth of his daughter. He noted their intent focus on labor, saying, "And learning about all that stuff that we kind of made the classic mistake of not really thinking that much about things that would matter after she was born."

The value of primary care providers as consistent, credible sources of information was particularly apparent for those under a midwifery model of care. Evan shared of the benefits of receiving detailed information about topics such as Vitamin K and Erythromycin prior to the delivery. This enabled him and his wife to have discussions about their comfort level with these routine procedures and make an informed decision prior to engaging in the stresses of labor and delivery. Louis shared of his experiences in gathering information:

*That's been a little bit of a challenge because of all the different voices! **It's really hard to Google search babies**. We checked out several books from the library at the midwife's office. **That's been one of our biggest resources and obviously the midwives as well**. I forgot about them. You have so many visits with them that I felt like every question that came up it was only a couple days till we saw a midwife and then we could talk about it.*

So I felt well resourced just by those two things alone - being in the hospital and then having the midwife. Other than that we used a lot of books we found on their shelves.

Consistency of information was accompanied by an appreciation for consistency during labor and delivery. Hank shared of his appreciation for midwives:

*I would definitely recommend a midwife ... Especially the fact when the hospital gets busy you have **somebody dedicated to you**. Even if your labor is eighteen hours they're there the whole time. Obviously they go take a break, take a little nap, but they're there the whole time so that's really helpful. That'd be a rough job! But I guess seeing a baby born once a week is more rewarding than what I have to deal with every day.*

Evan shared his opinions on the practicalities and affordability of midwives as "*they seem to be specialists in an area and they also cost less money ... It seems stupid to go with a doctor. It's not even just that I like them. It just doesn't make sense to go with a doctor. It seems silly.*" While study participants had no complaints about their primary care providers, those that were under a midwifery model of care went beyond a simple "good" to explicate the positive nature of their experiences.

Summary of *Unacknowledged* by Healthcare Services Theme

Overall, fathers perceived themselves as peripheral in their interactions with healthcare services. The expected nature of being secondary in a maternity care environment was encapsulated by Dan's response to the question of improving his experiences with healthcare services:

*I think the common theme that I'm gathering just by answering these questions is that **I wasn't super involved with the whole process**. I mean I was. I would **check in with my wife** regularly. She'd go to the appointments and I'd follow up with her and she'd give me*

*some feedback on how things went. She'd give me updates on things. We'd go through the ultrasounds and all that stuff and we'd both be present. But all in all throughout the whole process I feel like everyone **at all levels of the healthcare industry, I feel like we've been treated quite fairly.***

Dan clearly listed the focus of care on his wife and yet concluded that they had been treated in an equitable manner. Dan, alongside the majority of study participants, expected to be treated as peripheral, as secondary, a message affirmed implicitly by healthcare services. Fathers also appreciated consistent, credible information from healthcare workers, who they perceived as experts. The positive nature of experiences with a midwifery model of care was duly noted.

Chapter Summary

First-time Canadian fathers shared many stories about their perceptions and experiences during the postpartum period. The influence of expectations was very apparent in these shared stories, thus creating the overarching theme of the post-expectant period. During this time preconceived notions about what fatherhood would be like and the roles they would fulfil were met with the realities of having a child. Central to this theme was the expectation to be secondary during the perinatal period. This expectation caused fathers to accept their peripheral nature as fact. Yet, when the baby was born it became an unanticipated, powerful motivator. Fathers were drawn to care for their child on a holistic level and motivated to enact physical care tasks. They marvelled at the development of their child and revelled in the joys of interacting with them, from soothing a newborn to smiling back and forth with younger infants. Alongside this unanticipated care-giving role, occurred the expectation of work as a primary responsibility. After a brief remittance from their work life, whether it was a few days or several weeks, fathers returned to work, providing financially for their family. While some fathers acknowledged their

important role to support their families inside the home, they struggled to balance this with their main responsibility to work outside the home. Fathers also faced expectations related to traditional gender roles. As they were expected to provide for the family, the wife was expected to nurture it. This expectation was affirmed by the physical nature of pregnancy and breastfeeding and the time the mothers took off for maternity leave to enact their responsibilities. Fathers perceived themselves as a support to their partners, whose primary responsibility was to care for the new infant during the postpartum period. The expectation to serve as a support person to their spouse hindered them from conceiving support on a personal level; they were the support person and therefore did not require support. Yet, as they recounted their experiences, the demands and losses they faced would naturally be enough to require some measure of support during the postpartum period. When prompted to consider support on a personal level, fathers reported either a lack of support and, or the benefits of acknowledgement from family and those in a similar life season to share their experiences with. Experiences of being implicitly unacknowledged by healthcare services, viewed as maternal yet equitable, contributed to first-time fathers' reality of being a secondary parent. Labels of maternity care made the central nature of the mother and child obvious to first-time fathers. Fathers noted the importance of consistency of care and information, and viewed healthcare providers as knowledgeable and caring. Special credit was given to those who participated in a midwifery model of care.

In all of this, expectations formed during the expectant period of pregnancy continued to influence first-time fathers during the post-expectant period. Fathers clearly reported their perceived expectations to work, support their family, and remain peripheral during the perinatal period. They also shared of the inability to anticipate what fatherhood would be like and the magnitude of the impact it would have on them. Therefore, study participants were undergoing a

period of aligning their preconceived expectations with the postpartum realities of parenthood during the post-expectant period.

Chapter 5 will revisit the findings and situate them within the existing field of literature. Chapter 6 will put forth recommendations for the development of perinatal healthcare services and governmental policies that may better meet the needs of first-time Canadian fathers.

CHAPTER FIVE: DISCUSSION

This chapter provides a discussion of the findings in relation to current literature and the questions this research study sought to answer. The intent in doing this is to reflect insight from current literature into this study's findings, and vice versa. The study's original purpose was to obtain a meaningful understanding of the perceptions and experiences of the postpartum period for first-time Canadian fathers. The specific research questions addressed were:

1. How do first-time fathers describe the transition to fatherhood?
2. How do new fathers describe and address their learning needs?
3. How do first-time fathers describe their supports or support networks?
4. How do new fathers go about discovering a new work-life balance?
5. How do first-time fathers perceive and experience healthcare services?

Chapter 5 will begin with discussion of the pervasive nature of expectations on the postpartum period and the resultant overarching theme of the postpartum period as the post-expectant period. The concept of embodiment as it relates to fatherhood will also be discussed at the outset of this chapter and will continue to reappear throughout the discussion. Following this, the chapter will be structured around the categorical themes (portrayed in Figure 1 on p. 45) presented in Chapter 4, including (1) baby as *unanticipated*, powerful motivator, (2) *uncontested* gender roles and responsibilities, and (3) fathers as *unacknowledged* by healthcare services, similar to the manner in which the findings were presented in Chapter 4.

Articles from the preliminary literature review as well as additional literature located to support the analysis of themes will be included in the discussion. Several studies from other Western societies, related to the experiences of fathers during the postpartum period, were located for the preliminary literature review, which will be included in this discussion. Three

systematic reviews will be referenced extensively (Chin, Hall, & Daiches, 2011; Genesoni & Tallandini, 2009; Goodman, 2005) because of their direct relevance to this study and the increased rigor of combining findings from several studies (Polit & Beck, 2012). As "a product that has both empirical integrity and disciplinary utility" (Thorne, 2008, p. 18), systematic reviews, which some perceive to be "a cornerstone of evidence-based practice," will be used to corroborate or contest the study findings in this discussion (Polit & Beck, 2012, p. 653).

Canadian healthcare literature was generally found to be lacking related to new fathers. Canadian perspectives, available in the form of Doucet's (2009) sociological work on embodiment and new fathers, and a book titled *Father Involvement in Canada*, edited by Ball and Daly (2012), written about social services, will be included in an attempt to ameliorate this situation.

Post-Expectant Period: Expectations, Embodiment and Fatherhood

The idea that expectations influence the postpartum period is not a novel one. However, the notion of the entirety of the postpartum period being conceptualized as a post-expectant period has not been located in the available literature. Goodman's (2005) meta-synthesis describing the experience of early fatherhood depicted four phases that fathers traverse through in a "basically linear" fashion (p. 199). The first two are (1) "entering with expectations and intentions" and (2) "confronting reality" (Goodman, p. 199). Yet, Goodman's notion of entering with expectations and intentions failed to acknowledge the manner in which these expectations, both of a personal and societal nature, imbue the postpartum period for first-time fathers. The findings from this study indicated there are more than simple expectations about what fatherhood will be like; there are unspoken expectations, particularly pertaining to gender roles and responsibilities, that pervade the postpartum period. The schematic diagram provided by Goodman depicted a linear journey for fathers in the postpartum period (see Appendix K),

whereas the diagram for this study demonstrates how expectations encompass the postpartum period (see Figure 1, p. 45). Moreover, where Goodman indicated fathers enter fatherhood with a "desire for emotional involvement and deep connection with child," findings from this project would indicate this desire was not fully realized or experienced until the baby was born (p. 194). It is after the tangible moment of birth that fathers were truly motivated to enact the caregiver role. Overall, Goodman's diagram depicts the influence of personal expectations, and notes sociocultural context as a factor "that facilitated or constrained fathers' role development" (p. 194). Whilst sociocultural context is indeed a factor in fathers' role development, the findings from this study indicate that the resultant expectations permeate the perceptions and experiences of the postpartum period for first-time fathers. The reality of fathers reaping rewards through the infant's smile, interaction, and fulfillment during the postpartum period were results similar to both studies.

Current literature noted the expectations set by sociocultural norms have recently changed (Chin, Daiches, & Hall, 2011; Chin, Hall, & Daiches, 2011; Fagerskiold, 2008; Genesoni & Tallandini, 2009; Goodman, 2005; McKellar, Pincombe, & Henderson, 2008; Miller, 2011; Premberg, Hellstrom, & Berg, 2008; Thomas, Boner, & Hildingsson, 2011). Fathers are expected to be involved via attending prenatal classes, participating in labor and delivery, and nurturing their infant while supporting their spouse and providing financially for their family (Chin, Hall, & Daiches). Whereas these expectations are different than those set for fathers of previous generations, historical gender roles prohibit the full execution of these expectations. Although "expected to nurture and care for their child, share the domestic responsibilities in the home and participate in paid employment," it is clear from the experiences

of the study participants that their primary responsibility remained to work (Chin, Hall, & Daiches, p. 4).

The traditional role expectation of father as provider trumped the evolving roles of father as nurturer. It was not that study participants did not want to be more involved. Instead it was that the weight of historical expectations related to work and the lack of public support to be more involved prevented them from doing so. Authors Halle et al.'s (2008) findings resonate with this notion:

[Fathers] did not allude to the lesser importance of the father role compared to the mother role, but described the dilemma contemporary fathers face. This dilemma is related to the male provider role still being very dominant in terms of ensuring economic stability coupled with the expectation that the father will provide a high level of physical and emotional support to his partner outside of work hours. (p. 68)

While fathers in Halle et al.'s study felt secondary, they did not necessarily feel less important. The reality of these changing expectations simply placed more demands on fathers to manage, more roles to fill during the postpartum period. Similarly, study participants for this study did not perceive themselves solely as providers, just primarily so. This is affirmed by the acknowledgement of their role in caring for and spending time with their family. Fathers were honored to be a part of the caretaking process when time permitted, yet they were clear that their main responsibility was to provide financially for their families.

Experiences with healthcare services affirmed the mother as the primary caregiver. Thomas, Boner and Hildingsson (2011), in their study set in Sweden, noted that although roles are changing and fathers are being invited to participate in the perinatal period, the healthcare services they encountered were not designed to meet the needs of fathers. Thomas et al.

concluded, "Men seem to have accepted that their needs are simply not as important" (p. 500). Numerous other studies have also noted the reality of healthcare services geared towards the mother and the child (Chin, Hall, & Daiches, 2011; Fagerskiold, 2008; Genesoni & Tallandini, 2009; Goodman, 2005; Miller, 2011; Premberg, Hellstrom, & Berg, 2008). This resonated with the study findings that fathers expected to enact the role of supporter and also that they expected healthcare services to be geared towards the mother-infant dyad. These interactions affirm fathers' notions of being on the periphery. Fathers expected to be secondary and so they have accepted this as their post-expectant reality. Fathers clearly reported their perceived expectations to work, support their family, and remain peripheral during the perinatal period.

The concept of embodiment provides further insight into the experiences of the postpartum period for first-time fathers. The intense physicality of fatherhood, the emotional response, and the greater influence of societal expectations portrayed in the data spurred my investigation into literature surrounding embodiment and fatherhood. Embodiment is a sociological concept that acknowledges both the material or physical influences on one's self as well as the social influences. Merleau-Ponty (1962), a noted sociologist, writes of how "(w)e are in the world through our body, and ... perceive that world within our body" (as cited in Doucet, 2009, p. 82). The acknowledgement of the interplay between physical experiences and surrounding contexts assisted in the understanding of the transition to fatherhood.

A brief summary of the sociological nature of embodiment will be presented in relation to fathers during the postpartum period. Doucet (2009) has conducted an extensive amount of research in Canada on the transition to fatherhood, "including interviews with more than two hundred Canadian fathers," from a sociological standpoint (p. 93). She discussed several theories of embodiment, from which this summary is drawn. While the father is a parent, he is less so

from a physical standpoint. Doucet (2009) noted the "solidity in the primary bond between women and the responsibility for children" (p. 79). Physically, it is the mother who carries the baby for nine months, experiences the bodily changes, and then delivers and commonly nurses the child. The resultant disembodiment of parenthood experienced by fathers is compounded by traditional role expectations and political supports, or a lack thereof. Chin, Hall, and Daiches' (2011) meta-synthesis similarly acknowledged "men's inability to directly experience the 'embodied nature of the pregnancy'" and breastfeeding (p. 5). Alice Rossi (1984), another noted sociologist, emphasized the centrality of the body to parenting, and the neglect of it on a social level (as found in Doucet, 2009). The reality is that "embodied subjects both 'create their social milieu' and 'are simultaneously shaped by the impact their social location exerts on their bodies'" (Shilling, 2003, as cited in Doucet, p. 82). Simply put, there is an interactive influence between persons and the social space they occupy; the transition to fatherhood does not occur in a vacuum (Miller, 2011).

Embodiment also notes history's impact on one's occupancy in a social space. This concept is explained through the idea of habitus. Bourdieu (1990) stated that the:

concept of habitus designate[s] a system of acquired, permanent, generative dispositions... [Habitus as] a product of history produces individual and collective practices—more history—in accordance with the schemes generated by history . . . [it] ensures the active presence of past experiences, which deposited in each organism in the form of schemes of perception, thought, and action, tend to guarantee the 'correctness' of practices . . . more reliably than all formal rules and explicit norms. (as cited in Doucet, 2009, p. 83).

This complex language assisted to explain how history influences current embodied realities. In the context of this study, it assisted to explain why although expectations for fathers have expanded to include caretaking and household support, fathers are still primarily expected to enact their role as financial provider; historical norms make this a "correct" practice. Doucet expounded the concept of habitus to include "a commonsense, taken-for-granted way in which we feel inclined toward one set of behaviors rather than another" (p. 127). Bordieu and Wacquant (1992) provided the metaphor of a "fish in water . . . it takes the world about itself for granted" (as cited in Doucet, p. 127). In summary, the manner in which fathers are in the world are influenced not only by their physical beings, but also by social and historical norms. In some ways, the manner in which these may be taken for granted is similar to the manner in which the influence of expectations on the postpartum period for first-time fathers were taken for granted.

This perspective, drawn from Doucet's (2009) sociological lens, has the potential to offer meaningful insight to nurses and other healthcare professionals engaging with first-time fathers during the perinatal period. She discussed in great detail the realities of gendered responsibilities and embodiment during the first year of fatherhood, which pervaded fathers' perceptions and experiences of the postpartum period. Several insights from her work related to embodiment and fatherhood will be discussed as they relate to the following categorical themes.

Anticipating the Experience of an Embodied Fatherhood

Fathers' inability to anticipate what fatherhood would be like made it virtually impossible for them to adequately prepare for this transition. The overall sense portrayed in the literature is that first-time fathers felt unprepared for fatherhood (Chin, Hall, & Daiches, 2011; Deave & Johnson, 2008; Deave, Johnson, & Ingram, 2008; Goodman, 2005; Halle et al., 2011; McKellar, Pincombe, & Henderson, 2006; St John, Cameron, & McVeigh, 2005). After speaking with ten

first-time fathers, the implausibility of being prepared for something you cannot comprehend until you experience it, something that is seemingly unique for every family, and something that necessitates experiential learning, seemed common sense.

Fathers reported the impactful nature of the birth of their child in making fatherhood real; once the child was born, prenatal expectations were faced with postpartum realities. Flykt et al.'s (2014) Finnish quantitative investigation noted the impact of expectations formed during pregnancy on the postpartum experience for new parents. Negative violations of these prenatal expectations were noted "to be harmful for the parent-child relationship" (2014, p. 148). The authors investigated medical and psychological factors that contributed to violated expectations. Pertaining to father-infant autonomy, or the father's confidence and decisiveness related to the infant, Flykt et al. found that "father's ambivalent birth experience and difficult infant characteristics were negatively associated with violated expectations" (p. 154). These quantitative findings support the notion of the impactful nature of personal expectations on the postpartum period. Ambivalence regarding the birth experience and decreased autonomy in the father-infant relationship also enforce the importance of the birth experience for fathers, particularly the need for fathers to be positively involved.

Literature relating to the prenatal period points to the impact of embodiment during pregnancy. May's (1982a) report, resulting from "intensive interviews with 20 expectant couples, short field interviews with 80 additional fathers, participant observation in prenatal classes and clinics, and content analysis of popular literature" reported three phases of father involvement during pregnancy (p. 337). She discussed the lack of physical involvement of fathers during pregnancy, the reality that "for men, the pregnancy is separate, not yet integrated into their lives,"

and the result that the pregnancy is more important to mothers than fathers (p. 340). Yet as the pregnancy progressed fathers became more focused on the pregnancy. May wrote,

Men connected these emotional experiences with noticing for the first time the dramatic physical changes in their wives' bodies, late in the second trimester; hearing the baby's heartbeat; or feeling the baby move for the first time. For some men, the physical reality of the baby moved them into more emotional involvement. For others, more concrete experiences such as painting the nursery or building a crib triggered a sense of emotional investment. (p. 341)

The importance of physical changes igniting emotional or behavioral involvement seemingly begins during the prenatal period. A participant from May's study reported during pregnancy, "It's like you are waiting for this spectacular moment, but you can't really respond until it happens" (p. 340). Similarly related to prenatal expectations, Genesoni and Tallandini's (2009) systematic review of the perinatal period noted several concerns fathers held during the prenatal period. The primary anxiety was "feelings of unreality, arising out of the lack of tangible evidence of the existence of their unborn child" (p. 313). Although fathers in this study were not questioned specifically about their prenatal experiences, their stories displayed how the birth of their child and the impact of physically holding their child made fatherhood real for them. The importance of this physical reality and the angst caused by a lack of it (Genesoni & Tallandini) points to the importance of an embodied fatherhood. May's work further contributed to the concept of a (dis)embodied pregnancy, made real by physical changes and experiences of fathers. There is something about the physical element of holding their infant that more fully transitioned fatherhood from an unforeseen expectation to a reality.

The inability to anticipate the reality of fatherhood made it a challenge to prepare for. For fathers in this study, this challenge was generally complicated by a lack of motivation to learn during the prenatal period. Premberg, Hellstrom and Berg (2008) similarly found that fatherhood was "hard to prepare for" (p. 58). Deave and Johnson suggested learning beginning in the late prenatal period. While this may be true, the participants from this study seemed unmotivated to delve into learning until the child was born. This was not always the case, but the importance of continued learning once the child was born was duly noted. Doucet's (2009) research findings related to new fathers aligned well with the fathers in this study. Doucet wrote:

The postnatal period is a time when fathers want more information and guidance on not only how to care for the new baby but also how to care for their partners. As one father, in a focus group with new fathers, put it, "If my wife is okay, my baby is okay." (p. 91)

Overall, the literature further emphasized the value of learning as you go during the postpartum period (Fagerskiold, 2008; Genesoni & Tallandini, 2009; Goodman; Thomas, Boner, & Hildingsson, 2011).

A certain amount of experiential knowledge was required to enact the role of caregiver. Fathers in this study noted a growing sense of pride and confidence as they came to understand and interpret their infants cues. Similarly, Goodman (2005) wrote:

A crucial step in becoming closer to his child was a father's development of skills needed to care for the infant. Success in this area provided much satisfaction to fathers, and the more a father was involved in providing infant care, the sooner he developed a closeness to his infant. (p. 196)

This relates to the physicality of an embodied fatherhood. As fathers became more adept at consoling their infants, they developed a confidence in their caretaking abilities (Fagerskiold,

2008). The rewards of being able to decipher infant cues and being involved in the care of the infant was clearly depicted by the study participants of this study and Goodman's meta-synthesis.

The infants' first smiles provided a great sense of reward for first-time fathers in this study. Literature also noted the milestones of the infants' first smiles (Goodman, 2005). Doucet (2009) discussed the embodied nature of fathers physical, playful nature of caregiving. She suggested that the men's "physical approach to parenting allows fathers to distinguish their caregiving from that of mothering....rooted in using physical embodiment, play and adventure" (Doucet, p. 87). While fathers who participated in my study had infants largely too young to engage in such "rough-and-tumble" play, their smiles and interactions were perhaps a prelude to such tangible engagement that solidified a father's role in a distinct, embodied manner (Doucet, p. 86).

In summary, the discussion of *Anticipating* the Experience of an Embodied Fatherhood, noted the importance of the physical reality of fatherhood. It depicted the difficulty fathers have in preparing for fatherhood. This was complicated by their inability to physically experience pregnancy and to accurately predict what fatherhood would be like. It was a requisite for first-time fathers to engage in experiential learning during the postpartum period. This discussion holds implications for the timing of learning for first-time fathers. The importance of an embodied element to fatherhood, through physically holding the infant, tangibly caring for the infant, and interacting with the infant through smiles and play, was duly noted. These elements assisted fathers to engage in an embodied fatherhood.

Contesting Gendered Roles and Responsibilities

This study found that the expectations set by gendered norms were rarely questioned. Fathers clearly reported their perceived expectations to work, support their family, and remain

peripheral during the perinatal period. These expectations colored decisions fathers made, roles they enacted, and responsibilities they maintained. The results of the uncontested nature of these gendered norms, and in some cases the interrelated struggle, were difficult to decipher.

Doucet's (2009) work on embodiment and early fatherhood assisted in theorizing why gendered roles and responsibilities remain, in large part, unchallenged. The historical nature of gender enlightens the reality that gendered norms are difficult to change despite the fact that expectations have expanded for male roles related to parenting. History, the influences of previous generations, and learned gendered practices are somewhat automatic and difficult to undo. Doucet expounded:

Men and women are partly rooted in a habitus with deeply ingrained assumptions about women as primary caregivers and men as primary breadwinners. And while these practices are changing drastically, beneath the surfaces of everyday practices, there is still a constant pull back to those primary assumptions. (p. 88)

Historical norms depict mothers at home and fathers at work. This reality impacts how fathers perceived and experienced their roles as fathers.

Father as the Primary Provider

The first sub-theme related to the traditional expectation of father as financial provider. This term appeared repeatedly in the literature (Chin, Hall, & Daiches, 2011; Miller, 2011; Premberg, Hellstrom, & Berg, 2008; St. John, Cameron, & McVeigh, 2005). Chin, et al.'s meta-synthesis suggested that fathers identified their role as the "approachable provider" (p. 13). This demonstrated men's evolving role as a caring father, but also their rootedness in their gendered identity as provider. As the concept of embodiment and habitus enlightened the reality of historical influence, so too Miller's article noted the powerful influence of gendered norms:

The *legacy* of patriarchal and structural arrangements, men's power and 'choices' cannot be erased from contemporary debates or experiences even if there is a desire to do so.

The men's intentions of doing gender differently, and so caring in ways that are described as 'shared', 'even' and sometimes 'equal', is only partially realized. During the early weeks following the birth there are clear examples of 'undoing gender' ... But the practices of undoing gender that are glimpsed do not occur in a vacuum. Both individual ('male pride thing') and structural ('then you go back to work') elements of patriarchal histories and habits, which have denoted accomplished performances of hegemonic masculinities, provide a potent backdrop against which new fathering is experienced, and which is different in significant ways to normative assumptions and associated practices around motherhood. (pp. 1105-1106)

This affirmed the expected and experienced reality of fathers' role as financial provider.

The historical and societal milieus that depict father as provider further influenced fathers' decisions regarding paternity leave. Doucet's (2009) work discussed society's acceptability of fathers as caretakers. Once again, although acceptance has increased, fathers are still perceived to be less capable of caring for infants than mothers (Doucet). Goodman's (2005) meta-synthesis findings also noted "the sociocultural constraints that discouraged [fathers'] involvement as parents" (p. 197). A recent article published by the Huffington Post noted the social stigma that prevents fathers from taking paternity leave. The article titled "The Feminist Case for Paternity Leave" noted the benefits of fathers taking paternity leave in fostering gender equality and encouraging future fathers to take paternity leave (Peck, 2015). Peck wrote, "Men feel just as challenged by the competing demands of work and home life as women, but are often too afraid to talk much about it" (para. 23). Social and historical gendered expectations for men

to be strong providers impedes them from talking about their concerns or perhaps even realizing they have them. These perceptions seep into father's decisions related to paternity leave (Doucet).

Despite opportunities for shared parental leave in Canada, mothers are still taking the vast majority of parental leave. Statistics Canada's (2010) Survey of Young Canadians reported 26% of fathers taking some sort of leave, whether paid or unpaid, with an average of 2.4 weeks total. Conversely, mothers had an average leave of 44 weeks (Statistics Canada, 2010). Only one father from this study took one month of the paid paternity leave. Thomas, Boner and Hildingsson (2011) suggested that fathers balanced their desire to take parental leave with "their partner's wishes, their employer's willingness, and the family's economic needs" (p. 500). Ball and Daly (2012) noted the influence of "policy, financial implications, and the father's position as an embedded subject, most importantly as a partner and a worker" in fathers' decisions regarding parental leave in Canada (p. 214). They continued to note fathers' "strong moral commitment to being a good father meant not 'taking away' mothers' leave time" (Ball & Daly, p. 215). This would align well with fathers' self-perception of being secondary and supporter; taking part of the parental leave would not be perceived as supportive to their spouse. Fathers in this study failed to even discuss reasons why they did not take parental leave, although this was not a specific question posed during the interviews. Hank's discussion of being a stay-at-home-dad after his wife's maternity leave was completed was imbued with his responsibility to his work and provide for his family. He discussed the challenges he considered when navigating his anticipated return to work after a period of being a stay-at-home dad, affirming his allegiance to his perceived role of provider. He also noted the natural element of his wife as primary caretaker for the first year. Although an involved fatherhood was envisioned and planned to be enacted in

a non-traditional manner, the reality of gendered norms still came through. Doucet (2009) pointed to changes in the social landscapes and eventually habitus as more fathers are choosing to stay home and spend time with their children. She wrote, "Parental leave plays a large part in this as fathers having time at home with an infant, and walking through the community with that infant, gradually help to change social perceptions and norms around fathering and care in the first year" (Doucet, p. 94). Yet, in order for this to happen, fathers must have time to spend at home with their new families.

The importance of fathers spending time at home with infants is important for changing the manner in which society perceives fathers, but it is also imperative for fathers to bond with their infants. Findings from this study revealed the precious, impactful nature of the first few days or weeks spent at home. The literature also depicts this reality (Doucet, 2009; Fagerskiold, 2008; Miller, 2011). Doucet noted:

Fathers who have taken parental leave or unpaid leave to be at home with a young child highlight how critical parental leave is in helping fathers to establish a bond with their infant ... Specifically, fathers speak about the importance of getting out of their regular paid work routine and focusing on their infant and family; while they are unclear as to how to measure its effects, they nevertheless speculate that it adds a valuable dimension to their relationships with their children and family... Indeed, many fathers comment on how they encourage other men in their workplaces to take at least some parental leave, thus signaling possible changes in the workplace cultures, and their associated gendered habitus. (p. 94)

Similarly, several fathers from this study encouraged other new fathers to take more time off of work or expressed regrets at their personal failure to do so. The literature seemed to depict a

similar managing of envisioned realities and traditional norms. Neither of these forces can be disregarded when it comes to understanding the perceptions and experiences of first-time fathers in their transition to fatherhood.

The struggle to achieve a satisfactory work-life balance once any form of parental leave was completed came through clearly in the data from this study as well as in the current literature (Chin, Daiches, & Hall, 2011; Deave & Johnson, 2008; Fagerskiold, 2008; Genesoni & Tallandini, 2009; Goodman, 2005; Miller, 2011; Premberg, Hellstrom, & Berg, 2008). One could depict it as an indisputable study finding. Chin, Daiches, and Hall reported "work as a barrier for all participants" (p. 28). Premberg et al. wrote, "It was hard to combine providing for the family and being an involved father" (p. 59). Similarly, Deave and Johnson wrote, "Some interviewees reflected on how difficult it was to go back to work, and to achieve a satisfactory work-life balance ... There was also a feeling of being excluded from advice and support once they were working" (p. 631). Fathers primarily struggled with "not having enough time to establish intimate contact with their babies" (Genesoni & Tallandini, p. 313).

Fathers struggled to master childcare activities due to demands of work (Goodman, 2005). In this study, fathers also noted how their primary responsibility to provide prevented them from acquiring the necessary expertise to console and comfort their infant. Even if fathers shared responsibility for childcare when they were home, the reality was, time spent at work was time spent away from the family. Miller (2011) wrote,

As the men resume their place in the public sphere and so spend less time enmeshed in the detail of their baby's (changing) needs, they can soon feel and become out of touch with 'all of the issues' as 'every time you think you're in a rhythm, the baby then changes' (Richard, a 39-year-old teacher). ... A consequence of this is that the mothers

become more practiced at recognizing and responding to their baby's needs. This in turn can be interpreted as evidence of 'natural' maternal instincts and very soon the glimpses of engaged, involved masculine practices of caring, which signaled undoing gender, become a dim memory. Competing paternal and workplace demands lead the men to revise their earlier intentions. (p. 1103)

Fathers' enactment of their role as financial provider prohibited their full enactment as caregiver. This resonated with Louis' brief period of being special in the immediate postpartum period as he cared for his daughter and the falling out of that reality upon his return to work. Even the most well intentioned fathers were faced with the expectation, societal norm, and historical legacies of returning to work. Fagerskiold (2008) "suggested that the most important thing is that the father is available for his child, as he is of great importance for the child's growth and development, emotional health and cognitive development " (p. 69). Canadian fathers in this study likewise acknowledged the importance of being there for their families for more than just financial provision.

Mother as the Primary Caregiver

The concept of mother as the primary caregiver was equally gendered and expected. Doucet's (2009) work on embodiment and fatherhood provided several insights into this discussion related to the primary nature of mothers and the consequential secondary nature of fathers. First, as the wife's body physically changes, she embodies pregnancy and parenthood. Conversely, the father experiences a disembodied experience of pregnancy, labor and delivery, and entry into parenthood. Draper (2003) provided the analogy of pregnancy as an anchor to parenthood, with fathers lacking such grounding (as cited in Doucet). The embodied experience of pregnancy, birth, and breastfeeding allow the mother to bond deeply with the infant. This may

assist to explain why Louis, who shared of being able to feed his daughter donor milk shortly after delivery, experienced such a profound closeness with his daughter during this time.

Doucet's research on stay-at-home dads depicted the "special bond" between mother and child during the first year due to the embodied nature of their experience (p. 86). Doucet noted her surprise in "the overwhelming belief by fathers as well as mothers in a gender-differentiated bond between mother and child, especially in the first months of parenting" (p. 90). Similarly, Fagerskiold's (2008) Swedish study noted fathers' perceptions of the mother as the primary parent with a greater importance for their infant.

These gendered norms were primarily challenged by unforeseen complications. Three study participants shared of their increased engagement in infant care activities as a result of postpartum complications or challenges related to breastfeeding. Fathers gained an increased sense of responsibility in their fathering role through these experiences. Fagerskiold's (2008) study similarly noted, "When complications set in, during the delivery, fathers were quickly thrust into taking care of the infant... By this time, they appeared to view themselves as real fathers and not just helpers" (p. 68). This affirmed the importance of fathers' physical involvement with infant care.

Father as the Secondary, Less Supported Parent

This parallel sub theme depicted the consequent reality of the mother as the primary caregiver: the father as the secondary parent. The father conceptualized one of his responsibilities as a new parent to support his partner. Goodman's (2005) meta-synthesis reported, "Fathers believed that part of their role was to support their partner in her mothering role" (p. 195). Interestingly, Doucet (2009) suggested that her "recent interviews with seventy new fathers indicate that new Canadian fathers connect to the baby partly through caring for their

female partners" (pp. 84-85). This may assist to explain why men feel fulfilled in enacting care and support for their spouse; as they care for their partner, they care for and connect with their infant; they are not simply supporting their spouse, they are connecting with their child through doing so.

As fathers in this study talked about support, it was in relation to family care tasks. Their enactment of childcare was in some ways an enactment of supporting their partner in her role as a mother. This resonates with Miller's (2011) findings:

Hands-on caring is always described through supportive, and so secondary, task-based acts ('doing my bit'). The men can only imagine and articulate their caring involvement in this way *because* their wife or partner is already implicitly positioned (by them and in normative ideals of 'good' mothering *and* parenting) as having primary responsibility. (p. 1101)

The notion of fathers' sentiments of being secondary pervaded the literature (Ball & Daly, 2012; Chin, Daiches, & Hall, 2011; Fagerskiold, 2008; Goodman 2005; McKellar, Pincombe, & Henderson, 2008; McVeigh, St John, & Cameron, 2005; Miller,). Fagerskiold found that "Although fathers were involved in caring activities in varying degrees, they saw themselves mainly as an important complement to the mother" (p. 66).

The expectation of fathers to serve as a support to their wife greatly prohibited fathers from perceiving themselves as requiring support. Current literature reflects a lack of support for new fathers (Deave & Johnson, 2008; Goodman, 2005; Halle et al., 2008; Premberg, Hellstrom, & Berg, 2008; Thomas, Boner, & Hildingsson, 2011). What seemed original to this study was the inability for study participants to conceive of personal support until asked specifically about it. Their lack of conceptualization of support was so entrenched in their self-perception as

supporter to the primary caregiver, their wife. Fathers' inability to identify their required support needs may further be entrenched in societal expectations set for men (Ball & Daly, 2012; Goodman; Halle et al.; Miller, 2011). Halle et al. noted the problem of perceived lack of personal support "may also be further compounded by societal expectations that fathers need to be the protectors and remain strong for their families" (p. 63). This precludes the acknowledgement of personal support needs, which may imply weakness and also depicts the pervasive influence of expectation related to gendered roles and responsibilities.

When fathers were asked about support, they began to open up about their desire to share their experiences with others. Halle et al. (2008) reported, "A third of the fathers (n=8) who shared their feelings about available support felt at varying times that they had no one to share their feelings with and at least a quarter (n=6) indicated in particular that they had no other fathers to whom they could turn" (p. 63). Comparable sentiments were shared by study participants of this study, several of whom noted gaps in their personal support systems and a lack of other fathers to turn to. For those who had fathers in a similar life space with whom they could discuss their postpartum experiences, they expressed a sense of gratitude. Several study participants even expressed concern for fathers with little to no support alongside well-wishes for them to have more support. The importance of others in a similar life season was duly noted, and also reflected in the available literature (Chin, Daiches, & Hall, 2011; Deave & Johnson, 2008; Goodman, 2005; Halle et al.). Halle et al. noted, "Importantly, nurses and midwives have the ability to help men develop a network of fathers that can be used to learn new knowledge and skills through sharing of experiences and observation and provide much needed social support (p. 69). Goodman also suggested the use of support groups for fathers to "help reassure men that

they are not alone and [to] offer support, encouragement, and guidance for involved fatherhood" (p. 198).

Examining the Realities of Embodiment and the Impact of Gendered Expectations

The (dis)embodied nature of fatherhood has been duly noted. Discernible changes have been observed in fathers moving towards a more full enactment of the non-traditional caregiver role. Ball and Daly (2012) affirmed the positive nature of these changes:

As men develop their own confidence, skill, and rewards as fathers, they embrace the role more fully, and in so doing, they can expand beyond the traditional restrictions of stereotyped masculinity, which has reinforced their roles as providers, protectors and disciplinarians at the expense of their roles as nurturers, emotional partners, and engaged companions. (p. 228).

Yet, these changes are occurring amidst powerful societal, historical, and cultural norms pertaining to gendered roles and responsibilities. Failing to acknowledge this reality, fails to assist nurses and other healthcare providers in meaningfully conceptualizing the postpartum period for first-time fathers. This was perceived as a post-expectant period, imbued with internal and external forces at play during this particularly imperative life transition. I would like to conclude the discussion surrounding the theme of uncontested gendered roles and responsibilities with a quote from Doucet's (2009) work on new fathers and embodiment:

New fathering and mothering recurs as a tremendously powerful, and yet incredulously short, period of the life course where gender magnification is in full play. Over the many momentous months after a pregnancy is confirmed, enormous family transitions are engendered and gendered. Indeed, the metaphor of birth, with all of its symbolic and real implications of entry, rupture, explosion, newness, and transformation, are also present in

the birthing, not only of an infant but also of mothers and fathers. My argument is that, while each stage of parenting brings its own demands and gendered challenges, this early phase of parenting is one where the biological and social differences between women and men are magnified so that they can take on enormous dimensions. It is also the phase of parenting that can entrench women and men into long-standing gender differences in their parenting and employment opportunities. (p. 93)

This demonstrated the impactful nature of both the postpartum period for new parents and the manner in which healthcare professionals interact and engage with mothers and fathers.

In summary, the discussion *Contesting Gendered Roles and Responsibilities*, examined the three sub themes of work as an expected responsibility, mother as the primary caregiver, and father as the secondary, less supported parent. Doucet's (2009) work on embodiment greatly illuminated the prevailing influence of social and historical gender norms on first-time fathers transition into parenthood.

Acknowledging Fathers in Healthcare Services

The discussion of this final theme pertains specifically to fathers interactions with healthcare services and healthcare providers. It acknowledges the impact of the labels used in healthcare services in fathers' perception of themselves during the perinatal period. The intent in doing so is to meaningfully acknowledge and intentionally include fathers during this time. Deave and Johnson (2008) wrote of the contemporary experiences of first-time fathers in relation to healthcare services:

In the past few decades it has become routine in many countries for fathers to be present throughout labour and the birth of their baby, often actively participating in a supportive role. The demands of new fatherhood are challenging, yet few models and little guidance

or support are available to assist fathers. With healthcare provision aimed at optimizing the health of mother and baby, it is easy to see how the father can be neglected during this critical time in family development. (p. 627)

In a sense, expectations have expanded for fathers, yet historical norms and current support systems tend to exclude fathers from enacting more than a supportive, secondary role.

Presently, terms of "maternity" and "maternal-child health" inadvertently condition first-time fathers in their secondary role. The obviousness of the mother's centrality was pointed out by Andy. This sentiment also resounds in the available literature. Deave and Johnson (2008) reported, "We found that first-time fathers described themselves as bystanders: more detached than they expected or wanted to be" (p. 631). Similarly Goodman's (2005) meta-synthesis found:

Men felt excluded from attention and support from health care providers. They were rarely recognized or treated as parents by health care providers. If they were recognized at all, it was only as a worker or support person to the mother. This lack of recognition interfered with taking on the role of involved father. (p. 197)

Thomas, Boner and Hildingsson (2011) stated, "While fathers may be invited to participate, the services are really designed to address mothers' needs" (p. 500). Halle et al. (2008) suggested, "Reluctance to access professional support and/or dissatisfaction with the service received may reflect a mismatch in consumer/professional expectations, attitudes and/or behavior" (p. 63). The literature conveyed the sense that while fathers are seemingly welcomed to birthing units, healthcare structures, services and labels have not been adjusted to adequately convey this change in expectation.

Interestingly, while the literature affirmed the finding of fathers' receiving messages of their secondary nature when interacting with healthcare services, it did not resonate with the

findings of the positive nature of fathers' experiences with healthcare services. The literature seemed to depict men as having negative interactions with healthcare services or begrudging their peripheral nature. Alternatively, the study participants in this project reported their experiences as good. This positive notion occurred alongside a general inability to conceptualize how to improve their experiences with healthcare services. This finding may convey messages about fathers' expectations to be secondary, and consequently their acceptance of receiving care that reinforced this secondary or peripheral positioning. This may also speak to the skills and personal acknowledgement by nurses and other healthcare professionals the study participants had contact with. Despite the limited nature of their interactions, they were generally perceived as positive. It seemed study participants were more negatively impacted by the healthcare frameworks or services than the healthcare professionals themselves. As such, a discussion surrounding perinatal care philosophies ensues.

Educating and Engaging with First-time Fathers: Perinatal Philosophies and Policies

The framework from which perinatal services operate influences the services organization, labels and perceived priorities. As the majority of interviews were conducted in BC, it is important to note that currently Perinatal Services BC (PSBC, 2011) operates from a women-centered care perspective, which "places the woman and her newborn at the centre of care" (p. 2). Their newborn care pathway denotes family-centered care as an adjunct to women-centered care, noting it as "an attitude/philosophy rather than a policy" (PSBC, 2013, p. 2). Recent literature also recommended a shift from women-centered care to family-centered care in attempts at forming a more inclusive environment (Deave & Johnson, 2008; Halle et al., 2008; McKellar, Pincombe & Henderson, 2006; McKellar, Pincombe, & Henderson, 2008; Thomas, Boner, & Hildingsson, 2011). Health Canada (2000) notes that family-centered care "recognizes

the significance of family support, participation, and choice. In effect, family-centred maternity and newborn care reflects an attitude rather than a protocol” (p. 1.8).

The matter remains that if changing family-centered care from its currently enacted state of "an attitude" into a "protocol" or policy, would change the reality fathers face when interacting with perinatal healthcare services (Health Canada, 2000, p. 1.8). It seems logical that if women-centered care places the women and child as the priority, then fathers would be perceived as peripheral by healthcare services and professionals, or at the very least the resultant labels of such a policy – maternity and maternal – would instill this priority in the minds of fathers. Family-centered care would place the family, inclusive of the father or other support persons, at the centre of care, perhaps reducing the fathers’ sentiments of being peripheral. The resultant terminology of this policy – family – could further instill the priority placed on families. While women-centered care does not intentionally disengage fathers, family-centered care holds the potential to create a more inclusive framework, in which fathers are also central to the care enacted. Thomas, Boner, and Hildingsson (2011) urged, “Political and health policies should address these issues since encouraging fathers to be more active participants in the care of their children has the potential for long term gains in gender equality and healthier families” (p. 508).

The historical development away from family-centered care towards women-centered care was in part a reaction to the changing definition of family. In the early 1990s, Midmer (1992) argued for a shift away from family-centered maternity care to women-centered care to label the "mother as principal" (p. 220). Midmer wrote:

The woman-mother is the one immutable participant in every childbirth. She alone should be the center of any progressive childbirth model. Her needs, wishes, desires and

concerns are the engines that drive the care-giving system and dictate the requisites of her idealized childbirth experiences. (p. 220)

Midmer argued that the traditional definitions of a nuclear family place the mother as subordinate to the father and that to adequately empower her she must be placed at the center of the care model. Midmer's call for the "mother as principal" perhaps unknowingly placed the father as secondary (p. 220).

Much has changed since the early 1990s, including accepted societal definitions of family and the gendered roles of women and men in the family. Since Midmer's (1992) article was written, the definitions of family have expanded. A family-centered care framework, as defined by Health Canada (2000) would encourage "family support" for any variation of the traditional nuclear family (p. 1.8). A Canadian maternity nursing textbook defines family as "what an individual considers it to be" (Perry, et al., 2013, p. 808). If first-time fathers are feeling peripheral when engaging in a women-centered environment, how would members of a non-tradition family, for example gay, adoptive fathers, feel? Single mothers can also define their family in terms of their parents or friends. It should also be noted that there may be those better served by a women-centered care framework. For instance, a woman who lacks family support or may not be bringing her child home to her family, either because of a stillborn or having her newborn placed for adoption. These unique circumstances must also be considered when considering policies enacted in the perinatal healthcare setting. In relation to fathers, a family-centered care framework may alter the expectations healthcare providers have of family and fathers and also those fathers perceive of themselves. Women's roles have also expanded outside the home. As more mothers are working they require support from their families, whether parents, friends or spouses. Perhaps changing the framework to a more inclusive, family-

centered climate would not only permit, but more importantly encourage father involvement for the betterment of mothers, fathers, and families.

Part of the healthcare provider's role when interacting with first-time fathers is providing them with information and knowledge related to the postpartum period. Family-centered care could encourage nurses to meet the needs of fathers alongside mothers. A quote from Niles alluded to the missed potential of healthcare professionals engaging with parents. He said, "*I guess it's as much healthcare but it's also what they can do for the parents.*" While the education of parents is essential, the manner in which healthcare professionals engage with and encourage parents in their newly discovered roles is equally vital in empowering them during this transition. Educating first-time fathers includes what information fathers are most interested in, when is the optimal time to present said information, and in what manner should it be presented. The fathers in this study perceived healthcare professionals as experts, and as such, reliable sources of knowledge and acknowledgement.

Topics for teaching. Information on the basics of baby care was the most commonly requested information by fathers in this study. This finding is noted elsewhere in the literature (Chin, Halle, & Daiches, 2011; Deave & Johnson, 2008; Genesoni & Tallandini, 2009). During a prenatal interview, one study participant in Deave and Johnson's study echoed the words of Dan, saying, "Even little things like what clothing, when you put it to bed, getting into a routine, even the basics, really" (p. 630).

The importance of time and space to address fathers' needs was duly noted. The concept of hands-on practice may have been beneficial for several study participants who noted their inability to change a diaper or their overall lack of experience with infants (Chin, Hall & Daiches, 2011; Goodman, 2005). However, due to challenges in attending prenatal classes due to

demanding work schedules and general lack of motivation to actively engage in learning prior to the birth of their child, prenatal classes may not offer such a simple solution. However, if classes were geared specifically towards fathers, considering their needs related to content, format, and timing, perhaps this may mitigate some of these issues.

Space allotted to discuss information related to spousal relationship changes was also repeatedly noted in the literature (Deave & Johnson, 2008; Deave, Johnson, & Ingram, 2008; Thomas, Boner, & Hildingsson, 2011). Deave and Johnson conducted interviews with fathers during the third trimester and around 3-4 months postpartum. They noted men's anticipation of sleep deprivation and challenges with caring for the infant and also the majority's lack of anticipation of:

changes in relationships with their partners. This was in contrast to postnatally, when they talked openly about the additional stress on their relationships and the recognition that some antenatal preparation and awareness of possible relationship difficulties would have been beneficial. (Deave & Johnson, p. 630).

When asked about knowledge or information first-time fathers would have appreciated prior to entering parenthood, none of the participants in this study requested information related to marital adjustments. However, several of the stories and sentiments reflected this type of information may have been helpful. Fathers shared about adjusted expectations in their marital relationship, including increased focus on the infant during the immediate postpartum period, decreased time spent with their spouse, decreased sexual intimacy, and the need to be intentional about communicating and seeking out time to spend with their spouse. However, the majority of study participants seemed to anticipate, at least to some degree, that their spousal relationship

would require adjustments in the postpartum period. Fathers may also have been less likely to share of struggles of such a personal nature.

Overall, the literature noted the importance of information geared specifically to address fathers (Deave & Johnson, 2008; Deave, Johnson, & Ingram, 2008; Goodman, 2005; Halle et al., 2008; McKellar, Pincombe, & Henderson, 2008; Premberg & Lundgren, 2006). Some authors suggested either father-specific prenatal classes or allotments of time during class where fathers could speak amongst themselves, separate from their partners (Goodman; McKellar, et al). The prospective benefit of increasing support to new fathers during the postpartum period through connecting them with other new fathers was also duly noted (Halle et al.). Several study participants shared of the benefits of having friends or family in a similar life season. Perhaps a prenatal support group could be one way to facilitate such support for those who found it to be lacking. Participants from Deave and Johnson's study also noted that hearing from other parents during the perinatal period would have been helpful, "to know what everyone else has been through" (p. 629).

Timing of teaching. The findings from this study suggest that first-time fathers' motivation to learn greatly increased once the baby was born. This could point to the value of postnatal education. The motivational level of fathers to learn across the perinatal period is not discussed in-depth in the literature. Contrary to this study, Deave and Johnson's (2008) qualitative "study was rooted in the view that pregnancy is an important transitional period in a man's life, and that its potential as a time to receive information and advice should not be wasted" (p. 631). Premberg and Lundgren's (2006) study investigating fathers' experiences with antenatal education further noted the important role of fathers in prenatal education:

Educators must also be aware that the fathers' special interests are a resource, especially while women are occupied with thoughts of labour. During this period, fathers who are interested in and have the possibility to learn about the baby's health and normal behaviour may enjoy taking an active role in finding resources for the family. (p. 27)

May's (1982a) study depicted how fathers became more focused towards the end of the pregnancy as physical changes of pregnancy and preparation made the transition to fatherhood more tangible. This would imply learning begins in the late prenatal period. The importance of antenatal education for fathers does not align well with the findings from this study. Instead, the data depicted fathers' motivation to learn rising dramatically after the birth of their child, despite their best intentions to engage in learning prior to the birth of their child. Louis noted his "*classic mistake of not really thinking that much about things that would matter after she was born.*"

While pregnancy may be an important transitory period for fathers, findings from this study suggested that most fathers were not disposed to keenly engage in learning until their child was born.

A family-centered care policy could alter the expectations related to prenatal appointments for fathers, encouraging learning in the prenatal period. Fathers could be expected to attend more frequently. Several fathers in this study noted their busy work schedules as impediments to attending prenatal appointments. Goodman (2005) recommended "providing flexible appointment times, such as in the evenings or on weekends, to allow fathers who work during the day to attend" (p. 199). Deave and Johnson (2008) suggested a personal invitation to fathers to attend prenatal appointments and classes may be beneficial. Fathers in this study who attended prenatal appointments noted the importance to do so to support their partner. This concept is affirmed by Premberg and Lundgren's (2006) study on prenatal education in Sweden:

The fathers stated that they attended childbirth education classes without any special requirements or needs and that they attended merely to accompany the woman. They also reported that they experienced the perception that childbirth education was created more for women than for men. (p. 24)

Family-centered care could perhaps open doors for fathers to attend prenatal appointments for more than simply providing support to their partner; fathers could expect to be informed, acknowledged and supported by healthcare providers during pregnancy and the postpartum period.

Alternatively, postnatal education is considered. Study findings would suggest that postpartum education would occur at a time when fathers were motivated to learn. Yet, postpartum learning also has its complications. Decreased length of hospital stays limits the amount of time nurses have to interact with fathers. Coupled with the likely fatigue and emotionality resultant from the labor experience, the hours following birth may not be the optimal time to provide education. This circumstance makes it "difficult to meet the goal of family-centered care in such a short period of time" (Thomas, Boner, & Hildingsson, 2011, p. 507). Perhaps essential topics regarding baby care could be offered in hospital and followed up with postnatal classes in the weeks following birth.

Manner of engagement with teaching. The literature contained some information about what knowledge was requested by fathers. Yet the vast majority of the literature also conveyed that more importantly than what nurses said, was the manner in which they said it. Perhaps more than the content and the timing of education, the manner in which engagement with fathers is conducted could encourage fathers towards active learning in the perinatal period. Goodman's

(2005) meta-synthesis depicted the current reality of her findings alongside suggestions for improvement:

Men struggled for recognition of their changed status ... and stressed the importance of this supportive context as crucial to a new father's development ... The metasynthesis findings revealed that the recognition that a father received served to promote or impede his role development and that health care providers rarely provided such recognition. Nurses should actively support paternal involvement. Nurses' interactions with parents about their infant should be directed to both parents equally, with specific efforts made to engage fathers in such interactions. Making eye contact with fathers when discussing the infant; asking for fathers' thoughts, feelings, experiences, and intuitions in relation to the infant; and assuming the importance of his involvement with the infant all convey respect and recognition for a man's role as a father. (p. 199)

Acknowledgement of fathers is essential. Premberg, Hellstrom and Berg (2008) suggested:

An active confirming attitude to the fathers is essential; though inviting parents to support groups addressing mothers and meeting the fathers with an ambiguous attitude is not an adequate way to achieve involved fathers. This is important hence a gender practice excluding the fathers reinforces the traditional role of the father and obstructs an involved caring fatherhood. (p. 61)

A family-centered care policy could alter the labels and intended focus of care to create room for fathers.

The literature noted the impact and inclusivity of fathers during the perinatal period as an imperative matter: "If childbirth education fails to cater to the needs of men and recognise their role, then everyone misses out—mothers, fathers, parenting educators, and society" (Friedewalk,

Fletcher, & Fairbairn, 2005, p. 9). As Miller (2011) noted, the immediate postpartum period has a formative impact on continued gender roles. Genesoni and Tallandini's (2009) analysis of the literature concluded by stating:

Medical and nursing staff ... can play a key role in supporting men's transition to fatherhood ... by creating "participative space" for new fathers during both the pregnancy and the postpartum periods ... More broadly, fathers should also have access to services provided to mothers; gender specific services for motherhood and those for fatherhood should also be provided. (p. 316)

Nurses and other professionals are in a prime position to intentionally acknowledge both mothers and fathers, setting the stage for an involved fatherhood that benefits fathers, their partners, and their families (Goodman, 2005; Halle et al., 2008).

Of all the healthcare professional services, the midwifery model of care appeared to make the most memorable impact on first-time fathers in this study. There is limited research available on the interactions of fathers with midwifery care. Thomas, Boner, and Hildingsson (2011) noted "Men do not feel antenatal or postnatal education is geared towards them. Nonetheless, they do tend to generally feel positively about their encounters with midwives" (p. 500). A quantitative study based out of Sweden investigated fathers' experiences with midwifery care (Hildingsson, Cederlöf, & Widén, 2011). The authors presented several aspects of midwifery care and ranked them in fathers' perceived reality versus their perceived importance. The presence of the midwife was most important to fathers, and was also perceived on a positive note (Hildingsson, et al.); the expectations met the reality. Fathers reported wanting to be more involved in the care of their wife and more informed regarding labor progress during labor and birth than their perceived opportunities to do so (Hildingsson, et al.). The authors continued:

All other variables showed a higher rating for the perceived reality than the subjective importance, which means that fathers rated the actual care better than they expected or needed, such as support from the midwife (+6.4%), midwife's interest and engagement with the father (+3.6%), and the opportunities to participate in decision making (+1.1%). (Hildingsson, et al., p. 131).

These findings would resonate with the findings from this study, that overall fathers who were under a midwifery model of care had an especially positive experience. Hildingsson also participated in another study with Thomas and Boner (2011) titled "*Fathering in the first few months*." Interestingly, this quantitative study reported that support from the midwife was less significant than support from the fathers' partner (Thomas, Boner, & Hildingsson, 2011). This would suggest that while a supportive primary care provider is valuable, the primary caretaker may be of more value fostering support amongst the couple. After the labor and birth, and scheduled appointments in the immediate postpartum period, it is the couple that is left to care for each other and their child.

The discussion of the impact of intentional acknowledgement by healthcare service frameworks, nurses and other healthcare professionals, requires additional acknowledgement of the impact of gendered habitus. As has been noted, historical norms impact current realities. Silva (2005) noted that "the habitus can also change slowly across time" (as cited in Doucet, 2009, p. 94). Efforts made by healthcare professionals will not change current realities overnight. Yet, Friedewald, Fletcher and Fairbairn's (2005) literature review presented a sobering reminder of how far history has evolved:

Forty years ago, men were actively barred from the delivery suite for reasons that today

would seem almost medieval (Bartels, 1999). Pregnancy and childbirth were considered strictly "women's work," with the father's main role being to get his wife to the hospital (Shapiro, 1987). Then, in the late 1970s, because of the push for natural birth, research evidence disproving the presence of fathers in the delivery room as detrimental, an attempt to "humanise" the birth environment, and the need to provide fathers with greater social recognition, fathers were allowed to attend the birth (Bartels, 1999). More recently, partly in response to changes in women's participation in the workforce and the attention being given to work-family balance (e.g., see Pocock, 2003), the role of fathers has undergone a further change. Men are recognised as "affectively and formatively salient" in the development of infants and children (Lamb & Tamis-LeMonda, 2004, p. 4) and, as Beardshaw (2001) discusses, "supporting fathers [in this new role] can be seen as an investment in the care of women and infants..." (p. 479). (p. 8-9).

Social norms and expectations for fathers are transforming. Appropriate labels, a climate of inclusivity, and intentional acknowledgement could go a long way for fathers to perceive themselves as more than peripheral bystanders and supports, initiating the slow change towards a new normal of an involved fatherhood.

In summation, the discussion of *Acknowledging Fathers in Healthcare Services*, engaged with fathers experiences and interactions with healthcare services and professionals. Fathers' self-perception as secondary was inadvertently affirmed by labels such as "maternity" which stemmed from a women-centered care framework. The inclusive nature and potential impact of a family-centered care framework was further discussed. The education of first-time fathers, including the topics, timing and manner of engagement with teaching, was presented. The

intended result of this discussion was to intentionally include and meaningfully engage first-time fathers during their transition into parenthood.

Chapter Summary

The purpose of this project was to gain a meaningful understanding of the perceptions and experiences of the postpartum period for first-time Canadian fathers. This chapter discussed the study findings in the context of current literature, organized around the study's overarching theme of the postpartum period as the post-expectant period, followed by the three categorical themes of (1) baby as *unanticipated*, powerful motivator, (2) *uncontested* gender roles and responsibilities, and (3) fathers as *unacknowledged* by healthcare services. Limited Canadian literature was available, aside from Doucet's (2009) sociology-based article and Ball and Daly's (2012) book titled *Father Involvement in Canada*. Doucet's work on the concept of embodiment was intertwined throughout this discussion on the postpartum period for first-time fathers. Doucet's work assisted to explain the power of historically rooted, gendered norms and expectations. These elements of "intertwined social and embodied differences between mothers and fathers" must be considered when nurses and other healthcare workers are engaging in discussions related to recommendations for first-time fathers in Canada (Doucet, p. 93). A brief presentation of the limitations of this discussion were also presented. Chapter 6 will present a brief project summary, concluding points, and recommendations related to nursing education, practice, leadership, policy, and research.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

The purpose of this project was to gather a meaningful understanding of the perceptions and experiences for first-time Canadian fathers during the postpartum period to better equip nurses and other healthcare providers to provide worthwhile support during this imperative transition. This final chapter will summarize the study, present conclusions drawn from the findings, and discuss implications and recommendations for nursing education, nursing practice, nursing leadership, nursing policy, and nursing research.

Summary (including conclusions)

In this qualitative study, ten first-time Canadian fathers were interviewed from six cities in two provinces about their perceptions and experiences during the postpartum period. All study participants recently had their first child born to them. The continued bearing of expectations into the period following the birth of their child affirmed the overarching theme of the postpartum period as the post-expectant period. The three categorical themes related expectations about fatherhood to the infant, gendered norms, and healthcare services. The findings highlight the potential impact of healthcare and government policies to support fathers during their transition into fatherhood. It is of the essence that nurses' understanding of paternal experiences throughout the transition to fatherhood be expanded to provide appropriate services and to better meet the needs of fathers and, in turn, their families.

The following six conclusions were drawn from this study:

1. The postpartum period for first-time Canadian fathers was imbued by expectations.

Influential expectations were related to historical and societal roles depicted for men. These expectations influenced how fathers perceived themselves and in turn the manner in which they enacted fatherhood.

2. Fathers were unable to fully anticipate the impactful nature of becoming a father. Fatherhood was perceived as something you could not prepare for. The baby became a powerful motivator for fathers to learn, care, and improve themselves.
3. Time spent with the infant was essential to building a formative bond. Physical touch accentuated this relationship. Fathers frequently shared emotional stories of holding, consoling, or interacting with their infants.
4. The postpartum period was imbued with expectations related to gendered norms. The mother was seen as the natural, primary caregiver, and the father was seen as the provider and supporter. These gendered roles and responsibilities prevented fathers from fully enacting a caregiver role.
5. Fathers expected to be the supporter and therefore had difficulty conceiving support on a personal level. Fathers were less supported than mothers and reported an overall lack of other fathers to share their experiences with. For participants who had other men to talk to, the benefit of this opportunity was duly noted.
6. The labels and healthcare practices resulting from a women-centered care framework inadvertently contributed to men's perceptions of being the secondary parent. Fathers had positive experiences with their healthcare providers, but the labels related to maternity and the overall lack of intentional inclusion in care left fathers feeling peripheral during the perinatal period.

Each of the six conclusions assisted in forming the recommendations that follow.

Recommendations

The recommendations stemming from this project focus on the five domains of nursing: education, practice, leadership, policy and research. The recommendations are based on study findings reported in Chapter 4 and integrated literature discussed in Chapter 5.

Recommendations for Nursing Education

The domain of nursing education relates to the education provided to nurses and by nurses. The findings revealed the labels derived from a specific healthcare framework have an impact on those utilizing the specified healthcare services. Future nurses engaging in the maternity care setting, whether at the undergraduate or specialty level, should be made aware of the impact of such labels. Discussions should be had about labels and what messages those labels convey. The term "maternity," resultant of women-centered care, could be discussed specifically and how that label may impact mothers, fathers, and others in a non-traditional family structure. This could also be discussed alongside the terms of "family-centered care" and how patients and families engaging in that atmosphere may perceive their roles and level of importance. The influence of a particular healthcare framework and the resultant biases must be thoroughly discussed. Can one even have a diplomatic discussion about gender and gender equality from a women-centered care perspective? The obvious fit of women-centered care within maternity settings is encouraged by the framework itself. The assumptions associated with such a framework must be challenged.

Information regarding the impact of historically gendered roles should also be provided to nurses engaging with fathers. This may help to explain why some fathers appear less engaged than others or have difficulty fully enacting the caregiver role. The solution is not as simple as alter the framework and fathers will be as involved as mothers; this is a complex sociocultural

issue rooted in traditional gender roles. The data from this study made it clear that although fathers may not fully acknowledge history's impact, that it alters the expectations and realities that unfolded. If nurses are to create a more inclusive perinatal healthcare setting, foster father involvement, and create meaningful change they must be cognizant of the complexity of issues related to gendered parenting. If nurses take steps to address or challenge these perceived gendered norms, then they can challenge fathers to alter their perceptions of self.

Nurses should also be informed about the importance of engaging with fathers and the recent literature noting their benefits in the lives of their children, spouses, and families (Ball & Daly, 2012). Nurses and other healthcare providers engage with new families for such a brief window of time; they must be informed and motivated to make that brief window as effective as possible. Decreased length of hospital stay makes this issue all the more imperative. When discussing the education of healthcare professionals, including nurses, engaging with new families, Chin, Hall and Daiches (2011) recommended, "Education including information which focuses on pertinent issues over the transition period for fathers, as well as mothers, would be helpful for the family at this important time of adjustment" (2011, p. 17).

Creative education strategies must also be implemented by nurses working with new fathers and families. The findings from this project reveal the importance of some level of preparedness, the increased motivation to learn in the postpartum period, and the importance of support and discussion amongst fellow fathers. Prenatal classes in the late prenatal period created specifically to address the needs of fathers, to fit with their work schedules, and to foster support amongst fathers could begin the preparation of first-time fathers. The literature supports the concept of learning late in the prenatal period (Deave & Johnson, 2008; May, 1982a; Premberg & Lundgren, 2006). Topics should include the basics of baby care, methods to calm or console a

baby, anticipatory guidance related to potential relationship changes, and the potential challenges of balancing work and family life. Fathers could be advised about the importance of intentional communication, physical involvement and bonding, and flexibility during the postpartum period. The reality of the uniqueness of everyone's experience should be noted, further emphasizing the requisite of flexibility. Advice from other first-time fathers could be offered to other men soon to enter the realm of parenthood. It may be beneficial for other fathers to hear specifically from those in a similar life space. Perhaps the classes could be facilitated by other new or more experienced fathers.

Findings from interviews with Canadian first-time fathers for this project highlighted the potential importance of postnatal education. Education should continue into the postpartum period, when motivation to learn about baby care seemingly increased, and support requirements further increased. In such a space where fathers now have their child they are able to contextualize the information obtained and apply it to their current circumstances. Whatever anticipatory guidance was offered in the late prenatal period should be followed up during the postpartum period. Chin, Hall and Daiches (2011) wisely suggested that healthcare providers receive feedback from fathers on this class so that "through a reciprocal approach, teachers may gain an insight into fathers' experiences which will allow them to adapt their practice accordingly" (p. 16).

Recommendations for Nursing Practice

The findings from this study suggest a family-centered care framework holds the potential to better meet the needs of first-time Canadian fathers. The literature supports this alternative framework as one suitable method to better meet the needs of fathers, mothers, children, and families (McKellar, Pincombe & Henderson, 2006; McKellar, Pincombe, &

Henderson, 2008; Thomas, Boner, & Hildingsson, 2011). A discussion should be had around the implications of a family-centered versus a women-centered policy in the perinatal care setting and what this may mean for practicing nurses. Whatever the policy, nurses need to be approaching practice through the framework of family nursing, even in a women-centered care environment. This framework would change the manner in which healthcare services orientate themselves to fathers and also the manner in which fathers perceive themselves in relation to healthcare services. The obvious nature of the centrality of the mother and the peripheral nature of the fathers would logically be lessened. If the family was seen as the unit of care, fathers would likely feel more included. This would have several implications for nursing practice.

The principal alteration would be the manner in which the healthcare framework permitted nurses to fully acknowledge and interact with fathers; nurses would not be prohibited from fully engaging with fathers due to the barriers the healthcare framework of women-centered care implicitly imposes. The importance of meeting the needs of fathers during this imperative transition would be duly noted alongside meeting the needs of mothers. The delicate and impactful nature of this transitory period urges nurses to acknowledge fathers and meet their unique needs ultimately to better the entire family unit. At the end of the hospital stay or public health nurse visit, the father and the mother are left to support each other. The nurse must foster this relationship and empower both fathers and mothers alike to fully engage in parenthood. This would include father specific information, as noted above. It would also include special consideration for fathers. This could include proper sleeping arrangements to promote rest and energy to help fathers better care for their families. It could include an equal consideration for skin-to-skin contact for fathers and their infants as for mothers and their infants. Fathers in this study clearly portrayed the impactful nature of physically holding and caring for their infant.

They should be fully empowered and encouraged to do so within their personal comfort level. In encouraging father involvement, nurses would be wise to consider the varying level of involvement amongst fathers, the need to assess each "father's physical and emotional comfort," and the requisite to refrain from making "value judgments about the quantity and quality of involvement necessary for the father to display ... rather than accepting individual differences and the varying capabilities of each father" (May, 1982b, p. 322).

Father specific information should also be consistently provided by nurses and other healthcare professionals, who fathers appreciate and perceive as experts. In the era of readily available, overwhelming amounts of information, the importance of the credibility of nurses should not be forgone. Fathers should be educated in hospital about (1) the basics of baby care, including diaper changes, (2) reasons a baby may cry and some cues to look for as to what that reason may be, and (3) methods to console a crying baby. This type of information can empower fathers to feel better prepared to care for their new infant and hence bond with their infant. Ultimately mothers would also be better supported if their spouse or other support person was equipped to effectively care for the infant. Fathers could also be told about the insights gained from the experiences of other Canadian fathers, including the importance of flexibility, the need to intentionally enact support to their spouse and be involved in baby care, and the significance of experiential learning. Fathers should also continue to be made aware of resources such as the Nurse Line or credible websites, as fathers in this study utilized these for sources of information.

The importance of consistent information was also duly noted by fathers in this study. It is perceivable that inconsistent information could foster a sense of confusion and decrease one's confidence in their abilities. This is important for both mothers and fathers. Standardized information on breastfeeding in particular may need to be created. Information provided should

be substantiated by the most relevant research and directed at both parents. Fathers should not be treated as an afterthought, but as an integral member of the family unit. Holistic nursing practice changes should be focused more on long-term goals than short term financial benefits (Thomas, Boner & Hildingsson, 2011).

Recommendations for Nursing Leadership

Those in positions of nursing leadership play an integral role in advocating for healthcare framework and policy analysis and potential change. Nurse educators and managers must be up to date on the most current research related to the benefits of fathers involvement in the lives of their children, the experiences of fathers during the perinatal period, and the benefits of a family-centered care framework. Nurses must petition for policies that foster inclusivity of family members for the betterment of the mother, infant, father, and family. Nurse leaders must utilize this knowledge to empower their staff and the families they care for. The privilege of caring for families during their entrance into parenthood is not one that should be taken lightly. Knowledge surrounding the impactful nature of this period and the benefits of father involvement is required to advocate for improvements related to healthcare service frameworks.

Recommendations for Nursing Policy

Recommendations related to Canadian nursing policy relate to (1) perinatal nursing policies, and (2) government policies perinatal nurses are in a position to advocate for. All recommendations related to nursing policy are based on the benefits of father involvement and the requisites of acknowledgement and time in achieving this benefit.

The results from this project, confirmed by available literature, substantiate the recommendation for a policy analysis regarding a shift to family-centered care in perinatal healthcare settings. Family-centered care would result in an inclusive framework with inclusive

labels, fostering father involvement. Family-centered care would require that nurses and other healthcare professionals consider the needs and experiences of fathers when caring for families during the perinatal period. The acknowledgement of fathers and their importance by healthcare professionals, who fathers perceive to be experts, could alter fathers' self-perception as periphery and supporter during the postpartum period. The current, however dated document by Health Canada (2000) noting family-centered care as "an attitude rather than a protocol" is seemingly not having the positive impact required on the experiences of first-time fathers with healthcare services (p. 1.8). Prior to making any policy changes, a policy analysis of women-centered and family-centered care should be performed. The goal would be to make an informed, supported, decision. Perhaps a change needs to be made at the policy level to intentionally acknowledge and include fathers in the healthcare setting. From the moment fathers walk in the door on the maternity unit, they need to realize they are equally as important as the mother and play an imperative role in the life of their child. During this sensitive period of time fathers cannot afford to question the weight of their role in the life of their family. Perinatal healthcare services must evaluate their policies and resultant labels to determine their impact on those engaging with perinatal healthcare services. A policy should be sought to better the care of families for the benefit of all families.

Family-centered care policies serving as a central framework as opposed to a supporting one to women-centered care, would also impact the nature in which antenatal care is offered. Women-centered care places the woman and her needs at the center of care plans, whereas family centered care would require flexibility and intentionality (ironically) to include fathers or other support systems in care plans. Thomas, Boner and Hildingsson (2011) wrote, "Political and health policies should address these issues [related to women-centered care] since encouraging

fathers to be more active participants in the care of their children has the potential for long term gains in gender equality and healthier families" (p. 508).

While policies related to family-centered care in perinatal healthcare settings may go a long way to encouraging father involvement, ultimately changes need to occur at a governmental policy level to adequately support father involvement. The requisite of time away from work to spend and dedicate to their families can only be received by all fathers if governments instill this as a priority through comprehensive paternity leave policies. Fathers in this study demonstrated the clear importance of time to spend with their families during the immediate postpartum period. The manner in which these moments were shared clearly depicted the emotional bonding that occurred and the impactful nature of this brief window of time. Traditional gendered roles depict the expectation for fathers to work. Unless governmental policies permit a reprieve from work-related policies, these gendered norms, however personally challenged by the realities of life as a father, will not be fully enacted. Just as mothers need time to bond with their infants, so to do fathers.

Workplace policies could also encourage fathers to take time away from work during the immediate postpartum period. A decade ago Goodman (2005) noted, "On a policy level, nurses can act as advocates for workplace policies that support involved fatherhood" (p. 199). As Jay noted,

You know obviously as much as your job is important to provide and support your family, it's just as important to be there for your family and support them you know physically and emotionally there at that time.

Workplace and government policies providing fathers with time just for them to take away from work could permit a more involved fatherhood. The power of gendered roles and

responsibilities and the physical reality of breastfeeding encourages mothers to take the vast majority of parental leave. This leaves fathers, as supporters, to return to work as "taking away" a portion of the parental leave would not necessarily be seen as supportive (Ball & Daly, 2012, p. 215). The authors continued:

Choice for men to exercise care through parental leave is typically only possible if mothers forfeit their opportunity to do so and if men are willing to contend with a social and work environment that sends messages of suspicion and ridicule. (Ball & Daly, p. 228)

As the mother is home, she spends time with and bonds with the infant, permeating traditional gender roles of mother as caregiver and father as provider. Leave dedicated for fathers must be advocated for at a policy level or historical influences will prevent the enactment of an involved fatherhood. If fathers are not supported on a societal level to spend time with their families they will continue to be unsupported, attempting to manage the new responsibilities fatherhood brings, including spousal support and baby care, alongside their traditional responsibilities to provide financially for their families. Parenthood is a massive life change. As such, it should be acknowledged for both parents. Particularly, as recent research has demonstrated the importance of father involvement, it is in the best interest of policy-makers to foster such involvement through the enactment of father-friendly policies (Ball & Daly, 2012).

The reality of evidence required to support change means that this study, which interviewed ten Canadian fathers, in isolation will not suffice to lobby political change. Yet, this project contributes to the growing body of literature acknowledging the unique needs of fathers and the supports required for them during the postpartum period. Ball and Daly (2012) write of the realistic results of such inquiry:

At this stage in the development of understanding and supporting father involvement in Canada, a central goal is to generate public dialogue about the conditions that shape father involvement and to make recommendations for policy reforms that provide a social environment that is more conducive to fathers' involvement from conception and sustained over time. (p. 235)

This qualitative project investigating the perceptions and experiences of first-time Canadian fathers contributes to this discussion through the words, recommendations, and stories of fathers. Nurses, a large body of professionals, respected and trusted by the Canadian public, hold great potential in advancing this discussion for the betterment of fathers, mothers, children, families, and future generations of Canadians. Through the use of evidence, social rapport, and professional abilities, nurses must advance the cause of fathers on a political level.

Recommendations for Nursing Research

Further research is similarly required to promote political and social change. As dialogue contributes to social change, so too research is required to advance petitions for political change. First, limitations of this study included a potentially non-representative sample. Chin, Hall and Daiches' (2011) meta-synthesis noted the difficulty in evaluating socio-demographic characteristics of studies that failed to record them. As such, future research should collect demographic information on all study participants to assist the reader in evaluating the generalizability of study findings.

More research on Canadian fathers is required. Research among Canadian fathers should expand to include a wider array of geographical locations, ethnicities, religious affiliations, ages - including adolescent fathers, family arrangements - including unmarried, same sex adoptive fathers or step fathers, fathers of multiples, fathers whose infant was premature or admitted to a

special care nursery, as well as fathers having their second, third, or fourth child. As this is the first located qualitative nursing study investigating the perceptions and experiences of the postpartum period in Canada over the past decade, further qualitative research is also required. Longitudinal studies, interviewing fathers in the pre and postnatal period may also be beneficial. Randomized control trials (RCTs) or intervention studies testing pre and postnatal education or support group strategies could also be conducted to evaluate their ability to assist fathers during the transition into fatherhood specifically in terms of the knowledge gained and the support received. As this study found fathers who were under a midwifery model of care to report a significantly positive experience, RCTs could also investigate differences between midwifery and medical models of care for fathers. Satisfaction with the care model, sense of inclusiveness, preparedness, spousal relationship status, and involvement with infant care could be some of the outcome measures. Focus groups could also be held with fathers to investigate their willingness to participate in pre and postnatal education, including motivating factors and barriers. Ideas to encourage involvement could be brainstormed among those who would receive the help. This may be a good place to start in designing healthcare services to better meet the needs of fathers.

Conclusion

This project sought to gather meaningful insight into the perceptions and experiences of first-time Canadian fathers during the postpartum period. Data collection and analysis revealed the postpartum period as a post-expectant period, deeply influenced by expectations rooted in historical and societal norms. The baby was found to be an unanticipated, powerful motivator for fathers, resulting in increased motivation to learn, care for the infant, and improve oneself after the birth of their first child. Intentionality and flexibility were duly noted as strategies carried out to engage in fatherhood. Traditional roles and responsibilities, including mother as caregiver and

father as financial provider, created expectations and circumstances that influenced fathers' enactment of fatherhood. Fathers' primary responsibility was to work even though they expressed a clear desire to be involved in the life of their infant. As fathers returned to work, the mother enacted the role of primary caregiver, resulting in the father as the secondary, supportive parent. Fathers perceived themselves as a support to their spouse and experienced difficulty in conceiving support on a personal level. Numerous study participants noted a lack of support during the postpartum period, particularly from other fathers in a similar life stage. For those participants who experienced such support, they were grateful. Healthcare service frameworks encouraged fathers' self-perception as secondary. Labels such as "maternity" created a sense of obviousness of the centrality of mothers. Fathers had limited interaction with healthcare professionals during the perinatal period. The experiences they did have were overall noted to be positive in nature, particularly for those under a midwifery model of care. Discussion of the study findings included the incorporation of Doucet's (2009) work on embodiment and fatherhood, enhancing insight into the historical and social influences of gendered norms and the physical nature of pregnancy and breastfeeding. The influence of these historically created gendered norms cannot be set aside if nurses and other healthcare professionals are to meaningfully conceptualize the postpartum period for Canadian fathers. Recommendations for nursing education, practice, leadership, policy and research centered around creating space for fathers to be involved and engaged in the postpartum period. Canadian authors Daly and Ball (2012) noted the vital necessity and vast benefit "in creating more spaces and supports for fathers to learn fatherhood, to enjoy and benefit from fatherhood, and to contribute to children's quality of life" (p. 236). Nurses play an imperative role in advancing these imperative social reforms for the health of fathers, mothers, families, and future generations of Canadians.

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Appendix A

Preliminary Literature Review Table: Database Results

Date	Database Searched	Key words used, outlined in format of search strategy	Result
June 2014	CINAHL	1. Father* OR paternal OR parent* OR partner* OR dad 2. Postpartum OR postnatal 1. AND 2. LIMITERS: Published Date: 2005-; English Language; Human; Age Groups: Adult,: 19-44 (510 articles exported to EndNote Web) (1 article requested via inter-library loan)	110,608 15,647 2,165 510
June 2014	Biomedical Reference Collection	1. Father* OR paternal OR parent* OR partner* OR dad 2. Postpartum OR postnatal 1. AND 2. LIMITERS: Published Date: 2005- (819 articles exported to EndNote Web)	72,776 11,758 1210 819
June 2014	Medline	1. Father* OR paternal OR parent* OR partner* OR dad 2. Postpartum OR postnatal 1. AND 2. LIMITERS: Published Date: 2005-; English Language; Human; Age Groups: Adult,: 19-44 (1,330 articles exported to EndNote Web) (1 article requested via inter-library loan)	516,899 124,398 6,478 1,330
June 2014	PsycINFO	1. Father* OR paternal OR parent* OR partner* OR dad 2. Postpartum OR postnatal 1. AND 2.	297,389 21,835 3,296

		<p>LIMITERS: Published Date: 2005-; English Language; Human; Age Groups: Adult, 18 and older</p> <p>(1,094 articles exported to EndNote Web)</p> <p>(1 article requested via inter-library loan)</p>	1,094
June 2014	Evidence Based Medicine Reviews	<p>1. Father* OR paternal OR parent* OR partner* OR dad</p> <p>2. Postpartum OR postnatal</p> <p>1. AND 2.</p> <p>LIMITERS: Published Date: 2005-; English Language; Human</p> <p>(655 articles exported to EndNote Web)</p>	<p>24,931</p> <p>5,548</p> <p>906</p> <p>655</p>
June 2014	EndNote Web	<p>Cumulative search results from above database searches exported into EndNote Web</p> <p>Resulting articles after duplicates removed via program</p> <p>Articles selected after review of title and abstracts</p> <p>(56 articles selected for review)</p>	<p>4,408</p> <p>2,967</p> <p>56</p>
June 2014	Course Resources	<p>Several textbooks and articles reviewed from previous TWU coursework on qualitative research, including interpretive description.</p> <p>(3 books and 3 articles selected for review)</p>	6
June 2014	Google Scholar	<p>Forward citation searches of the fifteen most relevant articles located through the above database search strategies as follows:</p> <p>Chin, R., Daiches, A., & Hall, P. (2011). A qualitative exploration of first-time fathers' experiences of becoming a father. <i>Community Practitioner: The Journal Of The Community Practitioners' & Health Visitors' Association</i>, 84(7), 19-23.</p> <p>Chin, R., Hall, P., & Daiches, A. (2011). Fathers' experiences of their transition to fatherhood: A metasynthesis. <i>Journal of Reproductive & Infant Psychology</i>, 29(1), 4-18. doi: 10.1080/02646838.2010.513044</p>	<p>0</p> <p>0</p>

	Deave, T., & Johnson, D. (2008). The transition to parenthood: What does it mean for fathers? <i>Journal of Advanced Nursing</i> , 63(6), 626-633. doi: 10.1111/j.1365-2648.2008.04748.x	4
	Deave, T., Johnson, D., & Ingram, J. (2008). Transition to parenthood: The needs of parents in pregnancy and early parenthood. <i>BMC Pregnancy Childbirth</i> , 8, 30. doi: 10.1186/1471-2393-8-30	3
	Genesoni, L., & Tallandini, M. A. (2009). Men's psychological transition to fatherhood: An analysis of the literature, 1989–2008. <i>Birth: Issues in Perinatal Care</i> , 36(4), 305-318. doi: 10.1111/j.1523-536X.2009.00358.x	1
	Goodman, J. H. (2005). Becoming an involved father of an infant. <i>JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing</i> , 34(2), 190-200. doi: 10.1177/0884217505274581	1
	Habib, C., & Lancaster, S. J. (2005). The transition to fatherhood: The level of first-time fathers' involvement and strength of bonding with their infants. <i>Journal of Family Studies</i> , 11(2), 249-266.	1
	Halle, C., Dowd, T., Fowler, C., Rissel, K., Hennessy, K., Macnevin, R., & Nelson, M. A. (2008). Supporting fathers in the transition to parenthood. <i>Contemporary Nurse: A Journal for the Australian Nursing Profession</i> , 31(1), 57-70. doi: 10.5172/conu.673.31.1.57	0
	McKellar, L., Pincombe, J., & Henderson, A. (2008). Enhancing fathers' educational experiences during the early postnatal period. <i>Journal of Perinatal Education</i> , 17(4), 12-20.	0
	McKellar, L. V., Pincombe, J. I., & Henderson, A. M. (2006). Insights from Australian parents into educational experiences in the early postnatal period. <i>Midwifery</i> , 22(4), 356-364.	0

		<p>McVeigh, C., St. John, W., & Cameron, C. (2005). Fathers' functional status six weeks following the birth of a baby: A Queensland study. <i>Australian Midwifery</i>, 18(1), 25-28.</p> <p>Miller, T. (2011). Falling back into gender? Men's narratives and practices around first-time fatherhood. <i>Sociology</i>, 45(6), 1094-1109.</p> <p>Pollock, M. A., Amankwaa, L. C., & Amankwaa, A. A. (2005). First-time fathers and stressors in the postpartum period. <i>Journal of Perinatal Education</i>, 14(2), 19-25.</p> <p>Premberg, Å., Hellström, A., & Berg, M. (2008). Experiences of the first year as father. <i>Scandinavian Journal of Caring Sciences</i>, 22(1), 56-63.</p> <p>St John, W., Cameron, C., & McVeigh, C. (2005). Meeting the challenges of new fatherhood during the early weeks. <i>JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing</i>, 34(2), 180-189. doi: 10.1177/0884217505274699</p> <p>(14 articles selected for review)</p>	<p>0</p> <p>1</p> <p>0</p> <p>1</p> <p>2</p>
July 2014	Organizations, Associations, Agencies, and Professional Bodies	<p>Search terms used: Father, parent, postpartum, postnatal</p> <p>World Health Organization (WHO)</p> <p>Canadian Nurses Association (CNA)</p> <p>Public Health Agency of Canada (PHAC)</p> <p>Canadian Institute for Health Information (CIHI)</p> <p>Society of Obstetricians and Gynecologists in Canada (SOGC)</p> <p>Canadian Association of Schools of Nursing (CASN)</p> <p>College of Registered Nurses of British Columbia (CRNBC)</p> <p>Perinatal Services BC (PSBC)</p> <p>(9 documents selected for review)</p>	<p>3</p> <p>0</p> <p>2</p> <p>1</p> <p>0</p> <p>0</p> <p>0</p> <p>3</p>

August 2014	Google Advanced Search	Search terms used: Father AND (postpartum OR postnatal)	284
		Search terms used: Paternal AND (postpartum OR postnatal)	249
		(3 documents selected for review)	

Note: Please note controlled vocabulary searches were also implemented in each of the database search strategies for CINAHL, Biomedical Reference Collection: Comprehensive, Medline, PsycINFO, and Evidence Based Medicine Reviews. When the results from these searches were combined with the keyword searches the same number of articles was retrieved and no new articles were located for the purpose of this review.

Appendix B

Table of Most Relevant Articles for Thesis

<p>Author/Citation: Genesoni, L., & Tallandini, M. A. (2009). Men's psychological transition to fatherhood: An analysis of the literature, 1989–2008. <i>Birth: Issues in Perinatal Care</i>, 36(4), 305-318. doi: 10.1111/j.1523-536X.2009.00358.x</p> <p>Research Method: Meta-analysis</p> <p>Sample: 32 articles included in the review from 1989-2008, 13 of which focused on the postpartum period and 11 on the perinatal period</p> <p>Research Aim: To investigate men's psychological transition to fatherhood, from pregnancy of the partner through the infant's first year of life, depicted in the literature over the past 20 years</p> <p>Relevant Findings: Men's transition to fatherhood is guided by the social context in which they live and work and by personal characteristics in interplay with the quality of the partner relationship. Men struggle to reconcile their personal and work-related needs with those of their new families. The postnatal period is the most interpersonally and intrapersonally challenging time, in which fathers must "juggle" their newly assumed father role and their families' relational and emotional demands with persisting societal and economical pressures.</p>
<p>Author/Citation: Deave, T., & Johnson, D. (2008). The transition to parenthood: What does it mean for fathers? <i>Journal of Advanced Nursing</i>, 63(6), 626-633. doi: 10.1111/j.1365-2648.2008.04748.x</p> <p>Research Method: Qualitative, content analysis</p> <p>Sample: 20 partners of primiparous women</p> <p>Research Aim: To explore the needs of first-time fathers in relation to the care, support and education provided by healthcare professionals during the antenatal period, particularly in relation to preparing them for the transition to fatherhood</p> <p>Relevant Findings: Several common themes emerged from both the ante- and postnatal data, including lack of support mechanisms, involvement in antenatal provision and the need for more information given in the antenatal period on parenting, baby care and relationships. The aspects on which men wanted information were predominantly to do with their role as a new father, practical aspects of looking after a baby, and relationship changes. They emphasized how useful it would have been to have heard from new parents, in the antenatal period as well as postnatally, about their experiences and perspectives on coping with a new baby.</p>
<p>Author/Citation: Deave, T., Johnson, D., & Ingram, J. (2008). Transition to parenthood: The needs of parents in pregnancy and early parenthood. <i>BMC Pregnancy And Childbirth</i>, 8, 30-30. doi: 10.1186/1471-2393-8-30</p> <p>Research Method: Qualitative, content analysis</p> <p>Sample: 20 partners of primiparous women (18 of which participated in postnatal interviews); 24 primiparous women</p> <p>Research Aim: To explore the needs of first-time parents in relation to the care, support and education during the antenatal period, particularly in relation to preparing for the transition to parenthood and their parenting skills</p> <p>Relevant Findings: Several common themes emerged from both the ante- and postnatal data, including support mechanisms, information and antenatal education, breastfeeding, practical baby-care and relationship changes. Knowledge about the transition to parenthood was poor. Men, in contrast to the women, often only had health professionals and work colleagues to turn</p>

to. Parents had been unaware of, and surprised at, the changes in the relationship with their partners. They would have liked more information on elements of parenting and baby care, relationship changes and partners' perspectives prior to becoming parents.

Author/Citation: Premberg, Å., Hellström, A., & Berg, M. (2008). Experiences of the first year as father. *Scandinavian Journal of Caring Sciences*, 22(1), 56-63.

Research Method: Qualitative; Phenomenological lifeworld approach

Sample: 10 first-time fathers

Research Aim: To explore experiences of the first year as a father

Relevant Findings: To master fatherhood maintenance of integrity and possibility to develop an independent relationship with the child is important. Fathers are invited to participate in postnatal childbirth education but the activities address women's needs and it is doubtful if the fathers benefit from participation.

To become a father was described as an overwhelming mostly positive event implying a large adjustment to new circumstances. It was hard to explain and not possible to find words that covered the experience and it took time to understand its meaning.

Author/Citation: Halle, C., Dowd, T., Fowler, C., Rissel, K., Hennessy, K., Macnevin, R., & Nelson, M. A. (2008). Supporting fathers in the transition to parenthood. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 31(1), 57-70. doi: 10.5172/conu.673.31.1.57

Research Method: Qualitative and quantitative

Sample: 22 fathers; >50% first-time fathers

Research Aims: To explore men's feelings and beliefs about fatherhood and their expectations and views about parenting. To investigate how fathers' antenatal expectations matched the reality of early family life including emotional well-being, attitudes to parenting, adjustment to family life and sources of support.

Relevant Findings: A rethinking is required about the way antenatal and postnatal education is provided to fathers to ensure that fathers gain significant understanding and skills development. This enhancement of education programs can only be achieved by carefully listening to fathers and working with them to create these new parenting programs.

Author/Citation: Chin, R., Daiches, A., & Hall, P. (2011). A qualitative exploration of first-time fathers' experiences of becoming a father. *Community Practitioner: The Journal of the Community Practitioners' & Health Visitors' Association*, 84(7), 19-23.

Research Method: Qualitative; interpretive phenomenological analysis (IPA)

Sample: Search of the literature from 1980-2003. Review of 43 qualitative and quantitative documents

Research Aim: To explore first-time fathers' experiences of becoming a father, focusing on their expectations, experiences, and how they are coping with this transition

Relevant Findings: One overarching theme was derived: 'searching for a place'. This theme consisted of three sub-themes--'the separation connection struggle', 'a sense of utility, agency and control' and 'changing focus of affection'.

Fathers can feel physically removed and emotionally detached during the perinatal period. In a society that appears more accepting of the 'new father' model, this sense of physical and emotional detachment may be difficult for men to cope with, particularly those who desire to live up to the 'new father' ideals.

Author/Citation: Goodman, J. H. (2005). Becoming an involved father of an infant. *JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing*, 34(2), 190-200. doi: 10.1177/0884217505274581

Research Method: Meta-synthesis

Sample: 10 articles, based on 7 studies (3 articles from the same study)

Research Aim: To describe the experience of fatherhood in the early months after the birth of an infant through a meta-synthesis of relevant qualitative studies

Relevant Findings: Four phases experienced: (a) entering with expectations and intentions, (b) confronting reality, (c) creating one's role of involved father, and (d) reaping rewards.

The results of this meta-synthesis point to the need for improved guidance and support for fathers of infants. Interventions aimed at supporting new fathers should be developed and evaluated as a means of improving care to the postpartum family.

Author/Citation: St John, W., Cameron, C., & McVeigh, C. (2005). Meeting the challenges of new fatherhood during the early weeks. *JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing*, 34(2), 180-189. doi: 10.1177/0884217505274699

Research Method: Qualitative; Interpretive study using in-depth interviews and grounded theory analysis techniques, based on a symbolic interactionist framework

Sample: 18 fathers; recruited

Research Aim: To explore new/subsequent Australian fathers' perspectives on the experiences, processes, and life changes in the early weeks of fatherhood

Relevant Findings: Although rewarding, fathers found new or expanding fatherhood to be a significant challenge and time of change. Major themes included making a commitment, taking responsibility, negotiating responsibilities, developing and maintaining relationships, maintaining family integrity, balancing activities, and perceiving the self as father.

Fathers engage in a balancing act as they try to meet the demands of their provider role, while also attempting to become an involved parent.

The most effective intervention may be to simply encourage expectant parents to discuss their expectations of parenting and support.

Author/Citation: McVeigh, C., St. John, W., & Cameron, C. (2005). Fathers' functional status six weeks following the birth of a baby: A Queensland study. *Australian Midwifery*, 18(1), 25-28.

Research Method: Quantitative, descriptive

Sample: 165 fathers; convenience sample

Research Aim: To investigate fathers' functional status following the birth of a baby

Relevant Findings: Fathers' functional status was highest in the areas of household, child-care and work related activities and lowest for infant care, personal and social activities.

Clearly most fathers appeared to engage in a balancing act that required them to relinquish some personal activities in order to be an involved parent. Despite these efforts, as long as Australian/Western society views fathers as the helper and women as the care provider, and fathers are expected to work long hours outside the home with limited access to paternity leave, the concept of involved parenting by fathers may remain elusive.

Author/Citation: McKellar, L. V., Pincombe, J. I., & Henderson, A. M. (2006). Insights from Australian parents into educational experiences in the early postnatal period. *Midwifery*, 22(4), 356-364.

Research Method: Qualitative and quantitative; Participatory Action Research (PAR), stage 1

Sample: 85 parents; 52 mothers and 33 fathers; 19/33 fathers were first-time fathers

Research Aim: To investigate the provision of parent education during the early postnatal period in order to gain insight that, through stakeholder collaboration, will contribute to the development of innovative strategies to enhance the provision of postnatal education in a contemporary health-care environment

Relevant Findings: A number of themes emerged, including the need for a family-centered approach to maternity services and the significance of self and social network in the early transition to parenthood. Many parents do not feel prepared for parenthood, and describe it as stressful and challenging.

For fathers, the four most commonly described concerns centered on their partner and their own role as outlined: partner's well-being (48.5%); having a healthy and settled baby (33.3%); role as a father (21.2%); financial issues (7%). Fathers identified their partner as the primary source of support for discussion of their concerns followed by midwives, family and friends.

Author/Citation: McKellar, L., Pincombe, J., & Henderson, A. (2008). Enhancing fathers' educational experiences during the early postnatal period. *Journal of Perinatal Education*, 17(4), 12-20.

Research Method: Qualitative and quantitative; Participatory Action Research (PAR)

Sample: 85/124 who agreed to participate completed questionnaires within 6 weeks after the birth of their baby; convenience sample

Research Aim: Outline the action research enquiry titled "PREPARE: Parents' Reflections on Education Postpartum" and to present findings specifically relating to the needs of fathers in the early postnatal period

Relevant Findings: A number of fathers identified that they did not feel they really belonged in the maternity-service environment. The fathers continued the discussion with the notion that maternity care should be more family-centered. Fathers identified a lack of father-specific information.

It seems that a family-centered approach would be an appropriate evolution and enhancement of women-centered care, enabling men to access knowledge in a way that best accommodates them and their family. Arguably, normalizing the inclusion of fathers in maternity care is imperative in assisting men in their transitional experience.

Author/Citation: Miller, T. (2011). Falling back into gender? Men's narratives and practices around first-time fatherhood. *Sociology*, 45(6), 1094-1109.

Research Method: Qualitative, longitudinal

Sample: 17 UK men interviewed over the two years of their lives in which they became fathers

Research Aim: To explore men's articulations and practices of gender through the transition to first-time fatherhood

Relevant Findings: Fathers intend to be more involved with their children than their fathers were, intending to disrupt gender norms. However, men view themselves as a secondary parent, and when the challenges and the postpartum period and the realities of returning to work arise, fathers revise their original intentions. Still, some changes in fathering involvement are seen, reducing gender differences.

Author/Citation: Chin, R., Hall, P., & Daiches, A. (2011). Fathers' experiences of their transition to fatherhood: A metasynthesis. *Journal of Reproductive & Infant Psychology*, 29(1), 4-18. doi: 10.1080/02646838.2010.513044

Research Method: Meta-synthesis

Sample: 8 articles, representing 6 studies published from 2002-2008

Research Aim: To synthesize the findings of recent qualitative studies which explored fathers' experiences of their transition to fatherhood

Relevant Findings: Three overarching themes: (1) emotional reactions to phases of transition: 'detached, surprise and confusion', (2) identifying their role as father: the 'approachable provider', and (3) redefining self and relationship with partner: the 'more united tag team'. Their return to work brought new challenges; some men struggled to achieve a satisfactory balance between working and spending time with their partner and child and this occasionally caused conflict between couples.

Most fathers expressed a desire to parent differently to their own fathers; if they perceived their fathers as distant or disengaged, they desired to be emotionally connected to their children.

Author/Citation: Thomas, J. E., Bonér, A.-K., & Hildingsson, I. (2011). Fathering in the first few months. *Scandinavian Journal of Caring Sciences*, 25(3), 499-509. doi: 10.1111/j.1471-6712.2010.00856.x

Research Method: Quantitative; prospective, longitudinal

Sample: 827 fathers, Swedish-speaking

Research Aim: To explore the early stages of the transition to fatherhood (pregnancy and 2 months after birth), looking specifically at support people and whether men are thinking about difficulties of being a parent

Relevant Findings: Fathers who had their first child, who had a higher education, and who had financial concerns were those most likely to have thoughts about the difficulties of parenthood. Support from one's partner was important, especially after childbirth, but the professional support from midwives appeared to be less significant.

Author/Citation: Fagerskiöld, A. (2008). A change in life as experienced by first-time fathers. *Scandinavian Journal of Caring Sciences*, 22(1), 64-71. doi: 10.1111/j.1471-6712.2007.00585.x

Research Method: Qualitative; Grounded Theory and constant comparative method

Sample: 20 first-time fathers

Research Aim: To explore first-time fathers' experiences during early infancy of their children

Relevant Findings: 'Changing life' emerged as the core category consisting of the categories: becoming a father, alternating between work and home, changing relationship towards partner and developing relationship with their child. Becoming a father was much more fantastic than they could have imagined and they suggested that they performed childcare to the same extent as the mother when both parents were at home. Still fathers viewed the mother as the main parent, partly because of their alternating between work and home and because the mothers breast-feed the infants.

Fathers were insufficiently prepared for the period immediately after their child was born. In general, the midwives at antenatal clinics focused more on the woman and the technical aspects of delivery, and less on the man and his feelings.

The participants seldom had their own fathers as a role model, because their fathers had only been involved in their care to a limited extent.

Appendix C

Timeline for Capstone Project

June 2014	-Develop research question, begin literature search and meet with thesis supervisor, Dr. Sheryl Reimer-Kirkham.
July-August 2014	-Write thesis proposal and send first draft to Dr. Sheryl Reimer-Kirkham for review and feedback. -Preliminary literature review completed by early August. -Submission of thesis proposal to Dr. Sheryl Reimer-Kirkham in mid August.
September 2014	-Appointment of the second reader, Reina Van Lagen. -Continued editing and review of thesis proposal with primary and secondary readers. -Final thesis proposal approved September 25. -Research Ethics Board (REB) form completed and ready for submission by the end of September. Support letters for recruitment from one local midwifery clinic obtained.
October 2014	-Research Ethics Board (REB) form submitted October 1 to Sue Funk. -Support letters for recruitment from two local doctors offices submitted for REB review October 6. -Develop recruitment materials (informative brochure and poster) for prospective study participants while waiting for REB approval. -REB approval obtained on October 24. -Ongoing development of literature review and background to the study for the final thesis paper. -Revisions of chapters 1-2 after feedback from thesis proposal is given.
October 2014	-Once REB approval obtained, begin to recruit volunteer study participants and begin interview process. Concurrent data transcription and analysis.
December 2014 - April 2015	-Complete interviews, data transcription, and begin formal data analysis.
February 2015	-Codebook reviewed with primary and secondary readers after completion of interviews 1-4.
April 2015	-Purposeful sampling implemented to obtain final two study participants.
May 2015	-Continued data analysis, coding, and initial identification of themes and patterns. Completion of first draft of Chapter 4 to be reviewed by primary and secondary readers.
June 2015	-Completion of first draft of Chapters 5 and 6 to be reviewed by primary and secondary readers. -Revised method of member checking with two participants on June 15. -Revisions of Chapters 1-4.
July 2015	-Revisions of Chapters 5-6. -Thesis reviewed by primary and secondary readers in its entirety. -Submission of complete draft (all chapters) to Dr. Wendy Hall, third reader.

August 2015	-Prepare for thesis defense.
September 2015	-Thesis defense and revisions of the document for final approval by committee members.

Appendix D

Trinity Western University Research Ethics Board (REB) Certificate of Approval



TRINITY WESTERN UNIVERSITY
Research Ethics Board (REB)
CERTIFICATE OF APPROVAL

Principal Investigator: Susan Pater
Department: Master of Science in Nursing
Supervisor (if student research): Sheryl Reimer-Kirkham
Co-Investigators: None

Title: Perceptions and Experiences of the Postpartum Period for First-Time Canadian Fathers

REB File No.: 14G10
Start Date: October 24, 2014
End Date: April 15, 2015
Approval Date: October 24, 2014

Certification

This is to certify that Trinity Western University Research Ethics Board (REB) has examined the research proposal and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the "Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans".


Sue Funk, B.A. for Bill Badke, M.Th., M.L.S.
REB Coordinator REB Chair

This Certificate of Approval is valid for one year and may be renewed.
The REB must be notified of all changes in protocol, procedures or consent forms.
A final project form must be submitted upon completion.

Appendix E

Request for Support for Recruitment Letter

September 29, 2014

Title of Primary Care Provider (PCP)/Clinic Owner/Operator

Clinic Address

Dear PCP:

As you may know, I, Sue Pater, an RN employed on Langley's Family Birthing Unit, am currently working on my Master of Science in Nursing at Trinity Western University. I am writing to request your support in my research project titled *Perceptions and Experiences of the Postpartum Period for First-Time Canadian Father*.

This is a project I believe holds imperative significance, a belief supported by current literature. There is a wealth of knowledge available on the postpartum period for mothers, yet in the last decade, there has been no attempt to garner an in-depth insight into this transition specifically for Canadian fathers.

Research done elsewhere, including the United Kingdom, Australia, and Sweden, depicted fathers struggling during this transition and requested a shift to family-centered care. Yet, how can Canadian healthcare professionals engage fathers in family-centered care if we fail to understand what it is they experience during this time?

I would like to interview 8-12 first-time fathers to garner an understanding of their perceptions and experiences of the postpartum period. I am writing to request the use of your clinic as one of several recruitment sites. Your role would be to display an advertisement flyer at your clinic and to distribute brochures to fathers or their partners who meet the inclusion criteria. The materials have already been prepared by myself, the primary researcher.

If you agree to support me in this research project or if you would like more information, I request that you contact me via phone (XXX-XXX-XXXX) or email (susan.riezebos@mytwu.ca). If you wish to offer your support, I will email you a prescribed letter to be printed and signed on your clinic's letterhead. This is needed for Trinity Western's Research Ethics Board application. Once the letter is signed, I will pick it up from your clinic.

Thank you for taking the time to consider my request. I hope you too see the pertinent need for this research. I thank you in advance for your support and look forward to hearing from you.

Warm regards,

Sue Pater, BSN, RN

Recruitment Flyer

Are you a new dad, if so, we want to hear from YOU!

XXX-XXX-XXXX OR susan.rzeboz@mytwu.ca

[illegible]

Appendix G

Informative Brochure

Page 1 (outside)

Who am I?

Sue Pater, RN, Master's Student.

I am currently doing my Masters of Science in Nursing at Trinity Western University. This research on the perceptions and experiences of the postpartum period for Canadian fathers is being conducted for my thesis and for future publication.

I am a Registered Nurse who works on the Family Birthing Unit at Langley Memorial Hospital.

I am a mother of two young children.

I am very interested in this topic on fathers.

I think, YOU, fathers, are fantastic and would love to learn more about what it is YOU experience as YOU become a dad. I think that your insights could better the care provided by myself and my colleagues.

I would be most appreciative if YOU said yes.

**Sue Pater, RN, MSN Student
Primary Researcher
Trinity Western University**
E: susan.pater@twu.ca
P: XXX-XXX-XXXX

**Sheryl Reimer-Kirkham, RN, PhD
Project Supervisor
Trinity Western University**
E: sheryl.kirkham@twu.ca
P: 604-513-2121 x3239
7600 Glover Road
Langley, BC



**Calling all
First-time Fathers!**

*Are you a new dad, if so,
we want to hear from YOU!*

**Sue Pater, RN, MSN Student
Primary Researcher**

Page 2 (inside)

A Research study involving YOU.

Titled: *Perceptions and Experiences of the Postpartum Period for Canadian Fathers.*

A research study is being conducted in your area to garner a better understanding of the postpartum period for first-time fathers in Canada.

This information would be used to give healthcare providers insight into what it is fathers are experiencing during this important transition to parenthood, enabling them to provide the best care.

YOU could be a part of bettering healthcare for future first-time fathers.

What is required?

One 45-75 minute interview - at a time and location convenient for YOU. A phone interview can also be arranged.

**YOU are eligible to participate if:**

- You are a first-time, biological father
- Have a baby that is around 2-4 months old
- Married or common-law with the child's mother
- Aged 20 or older
- Your partner delivered a healthy, full term (37 weeks or later) single infant, who was not admitted to a special care nursery
- You can read and speak English.

What's in it for YOU:

- \$10.00 gift card to Starbucks Coffee Co.®
- The satisfaction of knowing YOU are contributing to improving the healthcare and postpartum experiences of future first-time dads like YOU.

**So YOU said YES!****Now what?**

If YOU want more information, simply call or email me or my project supervisor.

If YOU are ready to say YES, simply call or email me and we can arrange a time to meet at your convenience.

E: susan.rhebois@mytlu.ca
P: XXX-XXX-XXXX

Appendix H

Questions for Semi-Structured Interviews

Main Questions

1. What has it been like for you to be a father since the birth of your child?
2. Do you have a story that captures what life has been like for you?
3. What knowledge or information would you have liked to have had prior to becoming a father?
4. How did you gather the information you needed? Where did you turn to obtain this information?
5. Who or what did you find supportive during the past few months?
6. Where did you find support?
7. How did you go about adjusting your new responsibilities as a father with your previous responsibilities, such as work and your partner?
8. What do you recall about your experiences with healthcare services and professionals?
9. What could improve your experiences with these healthcare services?
10. If you had anything that you would like to share with other men soon to become fathers what would that be?

Prompting Questions

To be used as needed to elicit rich, qualitative data.

1. What were you feeling during that time? What were you thinking during that time?
2. How prepared did you feel?
3. Tell me about the first few moments/days/weeks at home.
4. Do you remember any conversations you had with anyone?
5. What made you feel supported? What made you feel unsupported?

6. Were there any resources to help?
7. What about your spouse/wife/partner?
8. Are there any significant memories you have of this time? Any frustrations? Any joys?
9. What helped? What hindered?
10. If you had anything that you would like to share to help others understand the experience you had after your baby was born, what would that be?
11. If you had anything that you would have told yourself before your baby was born, what would that be?
12. If you could provide feedback to the healthcare professionals (ie: nurse, doctor, midwife) you had contact with, what would that be?
13. How was that?
14. How did that make you feel?
15. Tell me more about that.

Revised Questions for Semi-Structured Interviews

Main Questions

1. What has it been like for you to be a father since the birth of your child?
2. Do you have a story that captures what life has been like for you?
3. What knowledge or information would you have liked to have had prior to becoming a father?
4. How did you gather the information you needed? Where did you turn to obtain this information?
5. Who or what did you find supportive during the past few months?
6. What does support look like between you and your wife/partner?

7. In previous interviews, I have been hearing about support in relation to the family. What does support look like to you as an individual?
8. How did you go about adjusting your new responsibilities as a father with your previous responsibilities, such as work and your partner?
9. What do you recall about your experiences with healthcare services and professionals?
10. What could improve your experiences with these healthcare services?
11. If you had anything that you would like to share with other men soon to become fathers what would that be?

Appendix I

Informed Consent Form

Perceptions and Experiences of the Postpartum Period for First-time Canadian Fathers

Principal Investigator

Sue Pater, RN, MScN student, School of Nursing, Trinity Western University
XXX-XXX-XXXX; susan.riezebos@mytwu.ca

Project Supervisor

Sheryl Reimer-Kirkham, RN, Ph.D, Professor of Nursing, Director MSN Program, School of Nursing and School of Graduate Studies, Trinity Western University
604-513-2121 x3239; sheryl.kirkham@twu.ca

You are being invited to participate in a study entitled: *Perceptions and Experiences of the Postpartum Period for First-time Canadian Fathers*. This study is being conducted by Sue Pater. Sue is a Master's student in the Master's of Science in Nursing (MSN) Program at Trinity Western University. Sue is being supervised by Dr. Sheryl Kirkham, Professor of Nursing and Director of the MSN program, School of Nursing, Trinity Western University. This research contributes towards Sue's thesis, and therefore will be part of a public document.

Purpose: Why is this research being done?

The purpose of this project is to explore the perceptions and experiences of first-time fathers in Canada after the birth of their first child. As little is known about this transition into fatherhood from a Canadian perspective, an understanding of the experience is being sought. The purpose of this study is to provide information to guide future policies and procedures surrounding healthcare services and nursing care for fathers and their families during the time surrounding the birth of their baby.

You are being asked to participate in this study if you are a recent first-time father. Some more specific criteria include:

- Having a baby in the last 2-4 months
- Biological father of the child
- Married or common-law with the child's mother
- Age 20 or older
- Your partner delivered a healthy, full term (37 weeks or later) single infant, who was not admitted to a special care nursery
- You can read and speak English.

Procedures: What will be your responsibilities if you take part in this study?

If you agree to voluntarily participate in this research, your participation will include one 45-75 minute interview at a time and location convenient to you (in person or on the phone). The interview will be audio-recorded.

Several participants may also be contacted after all the data is collected for a 10-15 minute phone conversation to discuss and verify the interpretation of the findings.

The research findings will be made available at each recruitment site. By request, the researcher can make the findings available specifically to you, providing you access to the finished project report.

Potential Risks and Discomforts:

Participation in this study may cause some inconvenience to you, as it will require some time commitment outside of your work and personal time.

As this is an interview, there is always a risk of emotional distress as you describe an experience that you encountered during your transition into fatherhood. You may stop the interview at any point and/or you may refuse to answer any of the questions posed.

Potential Benefits to Participants and/or to Society:

The potential benefits of your participation include sharing your experience of the time in your life after your first child was born, which could have an impact on future policy, and services within organizations. The sharing of your story can enlighten nurses and other healthcare professionals about the realities of becoming a father, enabling nurses to provide more effective support during the postpartum period to other fathers undergoing this transition.

Confidentiality: How will the information be kept private?

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. For all data collected, your name and other identifying characteristics will be removed or altered and the contents of quotes will not reveal your individual identity. All documents will be identified using a pseudonym and kept in a locked filing cabinet. It is these coded documents that will be shared with the thesis committee. The recorded interviews and electronic interview transcripts will be stored on a password protected device, with only the primary researcher aware of the password. Research participants will not be identified by name in any reports or papers emerging from the completed study. Doctors or midwives and their associated clinics where recruitment occurs will not be informed as to who agreed to participate in the study and will also not be listed in any study reports.

Once the study has been completed, all paper material containing data will be shredded. Electronic documents containing pseudonyms will be kept for seven years on a password protected device, located at the researcher's home, after which time they will be deleted.

Remuneration/Compensation: Will there be any financial gains to participate in this study?

Participants in the study will be provided with a \$10.00 gift card to Starbucks Coffee Company© at the time of the interview in appreciation for their participation in the study. You may keep the Starbucks Coffee Company© card even if you withdraw after the interview has begun.

Contact for information about the study:

If you have any questions or desire further information with respect to this study, you may contact Sue Pater (XXX-XXX-XXXX, susan.riezebos@mytwu.ca) or her project supervisor (604-513-2121 x3239, sheryl.kirkham@twu.ca).

Contact for concerns about the rights of research participants:

If you have any concerns about your treatment or rights as a research participant, you may contact Ms. Sue Funk in the Office of Research, Trinity Western University at 604-513-2142 or sue.funk@twu.ca.

Consent:

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without any consequences. If you do inform the primary researcher that you wish to withdraw from the study during or immediately following the interview, your responses will be removed from the analysis. If the analysis portion of the project has begun, information you provided cannot logistically be removed and will be included in the analysis.

Signatures

Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study and that your responses may be put in anonymous form and kept for further use after the completion of this study.

Research Participant Signature

Date

Printed Name of the Research Participant signing above

Appendix J

Codebook

1. Transition or Change

- a. Scope of change
- b. Nature of change
 - i. Unique, personalized
 - ii. Requires flexibility/Variable
 - iii. Paradoxical
 - iv. Demanding
 - v. Losses & gains
 - vi. Natural
 - vii. Positive
- c. Experience of father
 - i. Physical state
 - ii. Emotional state
 - iii. Mental state
- d. Perception or experience of time

2. Social Roles of the Father

- a. Supporter
- b. Caregiver/caretaker
- c. Provider, guardian
- d. Being secondary

3. Relationships & Responsibilities

- a. Relationship to self
- b. Relationship to baby
- c. Relationship to spouse
- d. Relationship to family unit
- e. Relationship to extended family
- f. Relationship to work
- g. Relationship to community
- h. Relationship to health care providers/services
- i. Relationship to role as father/fatherhood

4. Influences on Fatherhood Experience

- a. Expectations
- b. Knowledge
 - i. Information sources
 - ii. Practical information
 - iii. Knowing what to do
 - iv. Experiential knowledge (learning as you go)

- c. Support systems
 - d. Past life experiences
 - i. Relationship with own father
 - ii. Past lifestyle choices
 - iii. Mentors/role models
- 5. Strategies Enacted to Navigate the Fatherhood Experience**
- a. Reframing
 - b. Being intentional
 - c. Seeking support

Appendix K

Phases Described in Early Development of the Role of an Involved Father

(Goodman, 2005, p. 194)

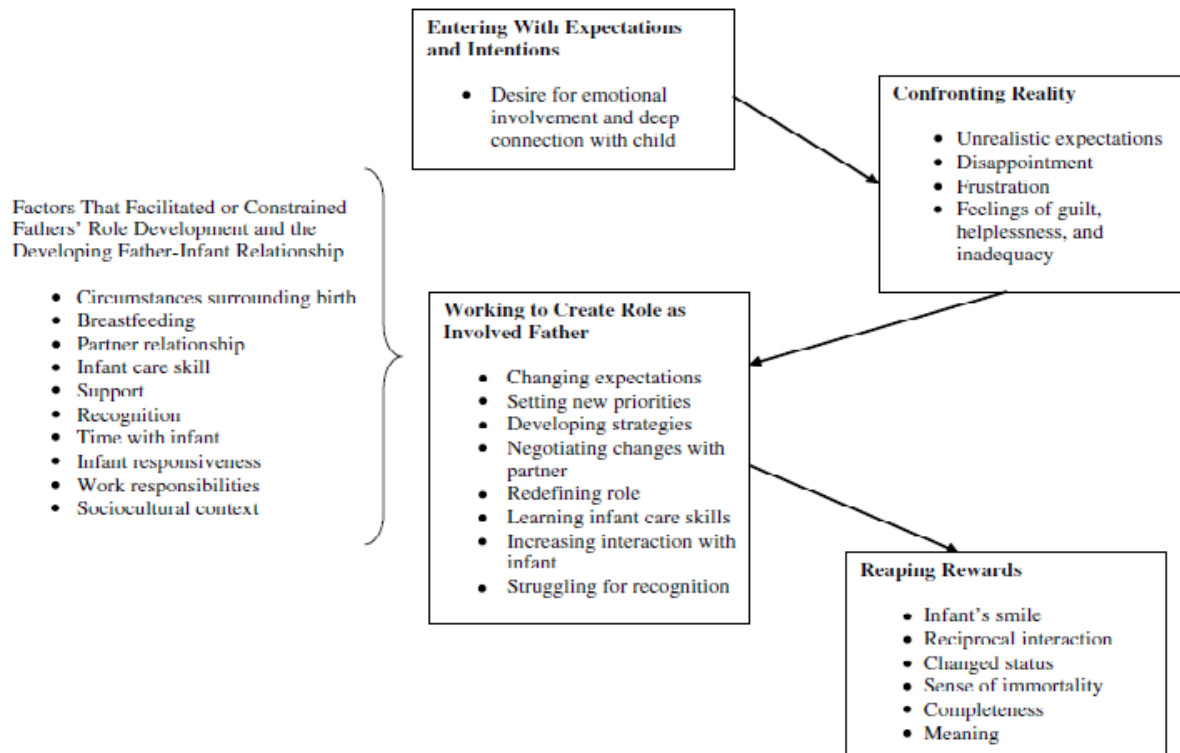


FIGURE 1
Phases Described in Early Development of the Role of an Involved Father.